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**Beth Casey**

**Performing child neglect in social work practice**

**Abstract**

Informed by Foucauldian and feminist theoretical positions, the study explores how child neglect is 'performed' by social work professionals and service users. Specifically it focuses on definitions of neglect, discourses of responsibility, assessment, interventions and responses. It explores how 'normalising' judgements were central to practice conceptualisations of neglect in which judgements about families were made based on comparisons to the 'norm'. This encompassed the identification of an absence of physical care needs and emotional neglect, drawing upon legal, psychological and child development discourse and constructions of the domestic ideal. It identifies the subjectivities, specifically of the mother and child, and the consequences for evidencing and assessing neglect, deemed responsibility and interventions it produces and legitimises. The study explores how responsibility for neglect, embedded within neo-liberalist risk management, continues to be gendered. Dominant conceptions of responsibility were constructed through women's dichotomous relationship to dangerous and/or absent men. Further, in this context specific subjectivities were constructed about the responsible 'risky' neglectful mother drawing on personality, psychological and parenting characteristics. Through the dominance of this focus the structural and social context of child neglect and women's subjectivities fall from view, 'justifying' the neo-liberal position of self-governance and the rolling back of state support. It also identifies alternative discourses, encompassing women's subjectivities which link neglect to social, cultural and structural context. The study deconstructs discourses in assessments of neglect. Bureaucratic and managerial constraints to quality assessments are identified. Professional debates surrounding contested thresholds and perceptions of 'good enough' mothering are explored. Women expressed their feelings on their 'written', documented identities and labelling as the 'bad mother'. The study analyses how women conformed and resisted professional attempts to self-govern and empower. Dependent upon perceived levels of risk, responses encompassed coercive, empowering and normalising 're-parenting' interventions.

# **Performing child neglect in social work practice**

**Beth Casey**

**A thesis submitted in fulfilment of the requirements for the degree of  
Doctor of Philosophy**

**School of Applied Social Sciences**

**Durham University**

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## **Chapter One: Introduction**

### **Rationale for the research**

The rationale for this study stems from a range of academic, professional and personal factors. Below, in reviewing the literature on child neglect, I set out the academic case for research into the subject. However, my interest in the subject of child neglect, and social work responses to it, comes from my own experiences of practice. On placement at a family centre as part of my earlier Masters in Social Work course, I supported families who were receiving services as a consequence of concerns about neglect. The gendered nature of the support being offered and the way in which responsibility was allocated in such cases was striking. Professionals also appeared to be powerless to address poverty and the adverse socio-economic circumstances that appeared to be bound up with the cases I worked on. Not only did I want to examine whether the issues I saw in these cases were replicated in the broader literature on child neglect, I wanted to undertake further empirical research to contribute to the field. In particular, I was motivated to give voice to parents who are at the receiving end of services for child neglect, as I knew that this was a group who have rarely been given this opportunity in the past. I also wanted to hear the experiences and views of professionals who have to respond to complex family situations within a wider policy and socio-economic context that can often make this task more challenging.

### **Overall objective**

The overall objective is to contribute to the empirical research on child neglect by providing an analysis of how cases of neglect are framed and experienced both by professionals involved in the delivery of services and

by families who receive services as a consequence of concerns about neglect. The aims are to:

- Investigate how child neglect is performed in social work practice by professionals, in case file data and by parents
- Collect data from professionals working within a Children, Education and Social Care team (CESC), Sure Start Children's Centres, case file data and parents who receive/have received services as a consequence of concerns about child neglect
- Examine how child neglect is defined and constructed in social work practice and the consequences of these constructions for deemed responsibility for neglect. It also aims to explore how responsibility for child neglect is performed by professionals and by parents.
- Analyse the constructions and subjectivities produced within social work assessments of neglect
- Provide evidence on how professional responses and interventions in relation to child neglect are constituted and how interventions are experienced by parents deemed responsible
- Analyse the constructions and subjectivities that are produced by mothers and fathers in relation to child neglect
- Contribute to existing research on child neglect, particularly around definitions, contributory factors, assessment and interventions
- Contribute to wider debates in social work, including bureaucratisation and managerialism and the gendered nature of practice

- Develop existing research that explores the gendered construction of policy, academic research and social work practice in relation to child neglect and in services more broadly
- Develop the relatively new body of research in social work that adopts a Foucauldian framework

As such the following primary and secondary research questions will be addressed:

***Primary research question:***

How is child neglect performed in social work practice?

***Secondary research questions:***

How is child neglect defined and constructed in social work practice?

What are the consequences of such definitions and practice constructions for deemed responsibility?

How is responsibility for child neglect performed by professionals and by parents? What discourses are produced?

What constructions and subjectivities are produced within social work assessments of neglect?

How are professional responses and interventions in relation to child neglect constituted? How are such interventions experienced by parents deemed responsible?

What constructions and subjectivities are produced by mothers and fathers in relation to child neglect as a consequence of their experiences of social work interventions?

What are the implications of such performances, discourses and constructs for improving social work practice in relation to child neglect?

### **The structure and content of the thesis**

#### ***Literature Review***

The literature review encompasses three chapters. Chapter two explores definitions and context of child neglect. It begins with an analysis of how awareness of neglect has grown in recent years and then examines the complexity of definitional issues. It then goes on to explore the ways in which knowledge in relation to neglect has been constructed, examining the major discourses and contextual issues that have emerged. Key contextual factors including the relationship between neglect and poverty and the gendered nature of neglect and policy responses are discussed.

In chapter three the assessment of neglect is addressed. The chapter begins by outlining the implications of the *Framework for the Assessment of Children in Need and their Families* (DoH, 2000) in terms of neglect, including the key principles of the framework. The chapter then goes on to analyse the assessment of child neglect in practice. This includes examining how attachment theory can provide a framework for identifying and understanding neglectful relationships. I then go on to explore debates around threshold levels for access to services and engaging parents in assessments. Literature surrounding the use of judgement and analysis in assessments, multi-disciplinary working, use of assessment records, timescales and child-centred assessments are discussed.

Chapter four begins by exploring evaluations of programmes specifically focused on parents. It then explores the UK context, specifically the

influence of Sure Start and parenting programmes. In addition, it outlines specific intervention available for neglected children and more specialist services for neglectful families. The chapter also considers the implications of these approaches in terms of working with families where neglect concerns are highlighted.

### ***Theory***

Chapter five outlines in depth the theoretical underpinnings to the study. It explores how feminist post-structuralism, including Performativity Theory, and Foucauldian thought informed the study. It examines the relationship between subjectivity, discourse, language and power.

### ***Methodology***

Chapter six considers the ethical issues and sensitivities of the research, specifically of child neglect as a research topic. Ethical procedures and processes are explored, incorporating minimising harm to participants, with particular consideration to the 'sensitive' nature of the research. The chapter then addresses the emotional impact and effects of the research on the researcher and the ways in which this was managed, particularly through reflexive practice. The research procedure, including access and facilitation are then explored. Criteria and sampling are also considered. The data collection methods are described, including in-depth interviews informed by a narrative approach. This encompasses considering the relations of power between the researcher/researched, interview guide and questions, influences of the narrative method and empathic understandings. The chapter concludes by outlining the data analysis method (feminist post-structural discourse analysis).

### ***Findings and Analysis***

The empirical findings from the study are presented in four sequential chapters. Chapter seven analyses definitions and practice discourses of

neglect. It explores how neglect is defined specifically within constructions of legal definitions and practice constructions of neglect. It embeds these constructions within a continued concern about the 'neglect of neglect' amongst professionals. Re-producing legal discourse it identifies 'official' constructions of child neglect and how this 'legal' definition, 'codifies' practice priorities. The chapter explores how normalising judgements (Foucault, 1977), one of the techniques enabling the success of disciplinary power, is central to practice conceptualisations of neglect in which judgements about families are based on divergence from the 'norm'. The weighting given to certain aspects of child neglect are also analysed. It identifies the discourses, which are re-produced through this normalising gaze and the subjectivities, specifically of the mother, and child that this gaze produces. It goes on to identify the implications and consequences of definitions and practice constructions for evidencing neglect, deemed responsibility and the interventions that it produces.

Chapter eight explores gendered performances of responsibility for neglect. It analyses how these gendered constructions of responsibility are embedded within 'risk thinking'. It investigates how dominant conceptions of responsibility were constructed through the production of a dichotomous relationship between 'responsible neglectful mother/dangerous or absent men'. This chapter identifies the specific subjectivities that were constructed about the responsible 'risky' neglectful mother, drawing upon personality, psychological and parenting characteristics. These identities of risk and how to control it were embedded within case files and interview data. Subjugated discourses and subjectivities, which challenge this individualised and blaming position, through a more understanding viewpoint are also explored. It identifies that through this focus on the 'individual', structural causes and the social context of neglect fall from view. The chapter also presents an alternative understanding of child neglect: parents provided an alternative narrative linking risk to social, cultural and structural context.

Chapter nine deconstructs discourses and constructions in assessments of neglect. It analyses discourses that were produced in relation to performances of the assessment of neglect. It explores whether the *Assessment Framework* (DoH, 2000) is viewed as a positive development for the assessment of child neglect, specifically given its ecological, analytical and child-focused principles. This chapter explores professional debates surrounding contested threshold levels into services and analyses how performing neglect, as a legal category becomes part of service rationing strategies. It investigates the consequences of different perceptions of 'good enough' mothering between social workers and between professional groups. The chapter also addresses the role of Sure Start professionals in the assessment of neglect. Their surveillance role through the sharing of safeguarding concerns in the context of *Working Together* (DoH, 2010) and associated increased use of information technologies is explored. Bureaucratic and managerial constraints to quality assessments are identified. This encompassed identifying professional concerns that 'fitting' assessments to set formats and databases can lead to the generalisation and standardisation of service user identities. It investigates how far assessments are child-focused and reveals that children are documented in specific ways. Further, the impact of timescales, high caseloads and an abundance of paperwork are explored. It concludes by giving voice to the experiences of women and their feelings on being labelled as a neglectful mother.

Chapter ten examines the interventions and responses to neglect through exploring performances of empowerment, normalisation and coercion. It reveals how constructions of dominant subjectivities, of the neglectful mother, risky/absent father and neglected child become governable subjects. Specifically, it identifies how 'needy' neglectful mothers unable to perform risk reduction, become subject to empowerment, a technology of self-governance in which personal power to takes control of one's life (Baistow, 1995) is central to responses, encompassing one-to-one work and empowerment through parenting programmes. It explores how interventions were gendered, relating to constructs of the 'good enough'

mother and gendered caring. The aim becomes for parents to accept responsibility for the neglect of their children and to perform non-neglectful parenting. The chapter explores how empowerment responses are performed and result in both liberatory and regulatory (Baistow, 1995) outcomes.

It also analyses parenting programmes in accordance with the bureaucratic performance and the production of standardised and uniform models of parenting. Drawing upon the classification of neglectful families according to threshold levels, the chapter describes how these classifications informed how professionals responded and the circumstances in which more coercive responses are enforced, specifically when mothers refused to accept responsibility and perform 'good enough' mothering. It explores the consequences of this overriding focus on the mother for children and fathers and offers a parental view on empowering solutions to their problems. Parents also offer alternative performances of subjectivities, making recommendations for practice and giving voice to the complexity of neglect. The chapter concludes by suggesting that understanding, through giving voice to parents' subjectivities rather than blaming responses, would demand a need for more therapeutic and emotional support in addition to practical parenting intervention, together with a drive to address adverse socio-economic circumstances.

## ***Conclusion***

The final chapter of the thesis summarises the key findings from the study against the research questions set. I draw out a range of potential implications for policy and practice and highlight some of the strengths and limitations of the research.



## **Chapter Two: Definitions and context of child neglect**

In recent years there have been important academic and theoretical developments around child neglect, including the nature of the phenomenon, as well as its causes and consequences and the professional approaches most appropriate in neglect cases. In order to provide a framework for the study, this chapter seeks to review some of the major findings across these important dimensions.

The chapter begins with an analysis of how awareness of neglect has grown in recent years, before examining the complexity of definitional issues. I then go on to explore the ways in which knowledge in relation to neglect has been constructed, examining the major discourses and contextual issues that have emerged. Key contextual factors, such as the relationship between neglect and poverty and the gendered nature of neglect and policy responses are discussed.

### **The neglect and re-emergence of neglect**

The 'neglect of neglect' in the child maltreatment field has been noted by researchers over a significant period (Dubowitz, 2007; Gabarino and Collins, 1999; Wolock and Horowitz, 1984) with Hildyard and Wolfe (2002, p.680) concluding that 'child neglect remains the poor cousin of child maltreatment research'. Coohey (1995, p.885) suggests that 'the overwhelming focus of research and theory building has been on physical abuse or child maltreatment'. Stone (1998) suggests that neglect is poorly understood by practitioners in terms of theory and that there is an absence of training for practitioners in this area. Further, Browne and Lynch (1998) suggest that other forms of child abuse have received much more attention from researchers, clinicians and policy makers than has neglect. More recently, Hildyard and Wolfe (2007) argue that the reasons underlying the failure of some parents to provide adequate care for children remain significantly under-researched.

Coupled with these gaps in research and theory pertaining to neglect is a growing awareness since the 1970s about the extent to which class-based assumptions can influence practice, leading, according to Scourfield (2000, p.365), to 'a reluctance to bring families into the child protection system on grounds of being poor, shabby and dirty'. A belief that child neglect is a matter of dirty children from dirty homes can result in social workers underestimating its seriousness (Horwath, 2005b). Stone (1998, p.88) suggests that the relatively low profile of neglect might be 'due to the fact that neglect is a long-term developmental issue rather than a crisis'. Further, physical abuse may be more tangible and visible, therefore commanding more attention from professionals than neglect, which is viewed as an act of omission (Garbarino and Collins, 1999).

Several studies have highlighted the 'neglect of neglect' at a practice level. Stone (1998) found that neglect cases tended to be given low priority and were filtered out of the system at various thresholds until a specific incident of sexual or physical abuse arose in the same case. Similarly, Swift (1995, p.78) suggests that 'because neglect is usually characterised as being of long duration, such a case may easily slip to the bottom of a worker's list of action priorities until a child is clearly put at risk'.

The 'neglect of neglect' is, however, increasingly being challenged through recognition of its increased incidence and evidence of its adverse effects on children. Neglect has become the largest category of child protection registration in the UK (Corby, 2000; Scourfield, 2000; Turney, 2000). On 31 March 2011 there were 18,700 English children subject to a child protection plan under the category of neglect (NSPCC, 2012). This represented 44% of all the children subject to such a plan in England. In the last year cases of child neglect reported to the NSPCC rose by 30% (Doward, 2012). In the US context, Hildyard and Wolfe (2007) found that child neglect accounts for more than 60% of all documented maltreatment cases.

Research evidence strongly supports the view that child neglect can lead to poor outcomes for children in both the short-term and long-term (Daniel and Taylor, 2006). Neglect can impact upon the child's emotional, physical and cognitive, psychological and behavioural development (Glaser and Prior, 2002; Parton, 1995; Turney and Tanner, 2001). Deleterious effects include anxiety and low self-esteem, problematic behaviour, educational underachievement and adverse impacts upon peer and social relationships (Glaser and Prior, 2002). Such developmental consequences can continue through childhood into adulthood (Bifulco and Moran, 1998). The long-term impact on children may be influenced by the severity, chronicity and developmental stage at which the neglect occurs (Hildyard and Wolfe, 2002). In contrast to physical abuse, neglect may lead to more severe cognitive and academic deficiencies, higher levels of social withdrawal and higher levels of internalising problems (Hildyard and Wolfe, 2002) resulting in some of the worst outcomes for children (Daniel, 2000). Neglect is also 'often fatal, due to inadequate physical protection, nutrition or healthcare' (Erikson and Egeland, 2002, p.3). Most children who die from neglect do so because they are inadequately supervised (Coohey, 2003). In the UK some estimates suggest that as many as three children die each week as a result of abuse or neglect (NSPCC, 2012b).

### **Defining neglect**

Definitions of neglect are varied and contested, making investigation of professional responses to neglect complex. Daniel et al. (2011) argue that neglect can be defined both broadly and narrowly. They highlight a distinction between 'neglect as a concept denoting the experience of a child whose developmental needs are not being met and 'neglect' as an operational, legislative or policy label' (Daniel et al., 2011, p.13). Hence, definitions vary depending on purpose for example, criminal proceedings, determining eligibility for services, investigating allegations and research (Daniel et al., 2011). At the same time, it has been suggested that some kind of agreed definition and standardised definition facilitates important

professional communication about neglect (Zuravin, 1993). When defining neglect then as a 'category for compulsory action', definitions tend to be narrower (Daniel et al., 2011, p.15). In the UK, national guidance in the shape of *Working Together* defines neglect as:

*'the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs'* (DoH, 2010, para. 1.36)

Legally, neglect is embedded within the Children Act's (1989, sect 31) definition of significant harm: 'the child is suffering, or is likely to suffer significant harm; and that the harm or likelihood of harm is attributable to a lack of adequate parental care or control'.

Common to most definitions of neglect is the notion of parental omission of care or failure to provide for children (Dubowitz, 1999; Garbarino and Collins, 1999; Swift 1995). Indeed, Dubowitz (2005, p.494) claims that the 'prevailing concept in the child welfare system has centred on omissions in care by parents or caregivers that result in actual or potential harm'. Most definitions address the failure to meet a child's basic needs (Garbarino and Collins, 1999). Wolock and Horowitz (1984, p.531) define neglect as 'failure of the child's parent or caretaker who has the material resources to do so, to provide minimally adequate care in the areas of health, nutrition, shelter, education, supervision, affection or attention and protection.'

Applying the *Working Together* definition of neglect in practice becomes problematic, particularly given a lack of guidance on the application of the broad statement and explanation of key terms, specifically 'extreme failure', 'persistent' and 'severe' (Turney, 2000). Legally informed

definitions assert a dichotomous categorisation of neglect, in which the child is/is not neglected (Newcomb and Locke, 2001; Polansky, 1981). As Swift (1995, p.67-8) argues, much of 'child welfare work is organised around the problems of identifying and categorising the experience of clients to determine its 'fit' with specific social categories'. Although the legal definition of neglect appears 'concrete' (Daniel et al., 2011) in practice it is recognised that neglect is a 'complex and multi-faceted phenomenon' (Stone, 1998, p.90) and is 'notoriously difficult to define' (Turney, 2005, p.249).

Critiques of narrow definitions of neglect have highlighted the focus on parental omission rather than on children's unmet needs (Dubowitz 1993; 2005; 2007). Dubowitz (1993) argues that legal definitions of neglect tend to be narrow and carry the implicit assumption of parental responsibility, whilst failing to recognise the complexity of the phenomenon. He argues that the focus of concern 'should be on children and their unmet needs, rather than on the presence or absence of parental (or caregiver's) behaviors' (Dubowitz, 1993, p.13). Narrow definitions may also fail to take into account the dynamic nature of children's age and developmental levels which influences the level and type of care they require (Zuravin, 2001). For example, 'needs for supervision are very different in endangering young children and adolescents' (Zuravin, 1999, p.29). Crucially, by defining neglect more broadly Dubowitz (1993) argues that neglect should be conceptualised within an ecological framework, recognising the wider social context in which children are neglected. At a policy level, the *Framework for the Assessment in Need and their Families* (DoH, 2000) promotes a broader understanding of neglect taking an ecological approach that positions the child within the family and wider community and social factors. Further, it is child-centred and rooted in child development specifically through the incorporation of the dimension of the 'child's developmental needs'. This broadens the narrower *Working Together* definition.

Neglect can also be defined variously in terms of parental characteristics or behaviour or the impact on the child or both of these factors (Daniel et al., 2011). Parental care, and lack of it, clearly exists on a continuum, ranging from excellent to grossly inadequate (Dubowitz, 2007). Given that neglect exists on a continuum, Dubowitz (2007, p.604) suggests that it is difficult to identify when 'exactly the inadequacy of care becomes problematic' with practitioners relying on measures such as 'faltering growth' or the notion of developmental milestones.

Research has also highlighted the heterogeneity of neglect as a phenomenon. For example, Zuravin (2001) identifies several subtypes of neglect with different operational definitions. Determining neglect 'rests on an assessment of frequency of omission as well as likelihood and severity of harm' (Dubowitz, 1993, p.18). Some omissions in care are not likely to be harmful unless they are more frequent (Dubowitz, 1993). Zuravin (2001, p.50) suggests that certain types of neglect require chronicity, for example, in discussing educational neglect she suggests that 'a child must be absent from school for a minimum of twenty days without legitimate reason'. A further complexity concerns whether definitions should include intentionality (Zuravin, 1999), whether neglect is the result of a desire to harm, of 'ignorance' or of circumstances such as poverty (Zuravin, 2001). This broader definition of neglect widens the responsibility from parental blame to include wider social and institutional responsibility.

From this brief review of the existing literature on defining neglect, it is evident that there are wide ranging categorical and conceptual differences within and between definitions. Such differences are likely to both reflect and influence the way in which neglect is dealt with by social workers in practice and the way in which service users understand the basis of professional involvement in their lives.

### **Constructing child neglect**

Several authors have explored the constructions and discourses given precedence within social work practice relating to neglect.

#### ***A preoccupation with dirt and disorder***

In his study of child neglect responses in a social work team, Scourfield (2000) found that professional discourses drew upon selected and condensed messages from research. He cites the influence of findings from the *Bridge Child Care Consultancy* (1995) and *Child Protection: Messages from the Research* (DoH, 1995). The former emphasises physical neglect and the servicing of the child's body, 'their neglected child is dirty and smelly' (Scourfield, 2000, p.369), whilst the latter highlights the emotional impact of parenting styles characterised as 'low warmth, high criticism' (DoH, 1995, p19). Interestingly, the practical construction of neglect was 'more influenced by the discourse of the servicing of the child's body' (Scourfield, 2000, p.370), reiterating findings of the *Bridge Child Consultancy* (1995). Further, Swift (1995) found that physical neglect predominated both in relation to casework records and in the way in social workers talked about neglect. Rose and Meezan (1993, p.281) argue that the 'greatest degree of consensus and consistency in the definition of neglect over time appears in the categories of inadequate food, clothing, shelter and supervision'. Similarly, in considering factors of concern in a chronic case scenario, Horwath (2007a) found that 135 professionals focused on lack of supervision and physical harm with only 6 considering lack of stimulation and 9 poor nurturing.

Hildyard and Wolfe (2002) identify that within North American incidence studies, supervisory and physical neglect account for the majority of cases. Both Swift (1995) and Scourfield (2003; 2000) indicate that there exists a professional preoccupation with dirt and disorder, both in relation to the child's appearance and home conditions. Deciding whether a home was tidy and clean was 'judged against tacit standards', involving levels of order and cleanliness (Scourfield, 2000, p.371). In addition, adequate

feeding was 'another abiding concern about the servicing of children's bodies' (p.373).

The emphasis in practice on physical neglect is interesting, given that there is also some evidence that professionals recognise the damaging effects of emotional neglect. For example, Horwath (2007a) found that 75% of respondents agreed that a high-criticism, low-warmth environment is damaging for a child. Further in Daniel's (2000, p.103) study there was agreement amongst professionals that 'the attachment to a carer seems to me to be the single most significant factor in good enough parenting'.

### ***Measuring and proving neglect***

The dominant focus on physical neglect in practice may be explained through the view that it is observable and visible: 'you can see and smell dirt, check a child's weight' (Scourfield, 2000, p.379). The child not meeting expected physical milestones or developmental norms is considered easier to evidence than the failure to meet emotional needs (Daniel, 2000). Emotional neglect is less visible and often exerts a delayed impact on children's development (Hildyard and Wolfe, 2002).

Several studies have indicated that physical neglect dominates as it is easier to prove in court and in legal terms. Legal discourse is based on a form of positivism in which law is viewed as objective and rational, encompassing categories (e.g. guilty/not guilty) that construct identities as 'static' (Healy, 2005). White (1998, p.274) suggests that 'judges are likely to select the evidence which appears *forensically* most rigorous, assigning culpability.' At the same time, 'harm to children through neglect is difficult to establish in legal terms because it is incremental, often invisible and not directly observable as an outcome of parental behaviour' (Swift, 1995, p.84). In a context in which professionals are under considerable pressure to 'get it right', it is perhaps not surprising that 'dirty, hungry, ill-clad children are bodies of evidence ... concrete proof of parental failure to clean, feed and clothe' (Scourfield, 2000, p.378). Further, this focus on physical needs is embedded within a climate



preoccupied with risk (Scourfield, 2000) and 'may reflect the incident driven system which has dominated child welfare practice for over twenty years' (Horwath, 2007a, p.1291). This focus on physical neglect and needs results in a marginalisation of the child's other needs (Horwath, 2007a) and a partial view of children's welfare (Scourfield, 2000).

### ***'Good enough' and 'bad enough' parenting***

Given the complexities of defining neglect, the point at which care becomes inadequate is difficult to ascertain. Identifying neglect involves professional judgement of whether parenting is of an adequate standard. However, the notion of 'good enough parenting' is contested (Hackett, 2003) and it is not evident that everyone uses the term to 'represent the same concept' (Daniel, 2000, p.91). In Horwath's study (2005a, p.79), professionals agreed that 'perceptions of child neglect vary from worker to worker'. 25% of professionals believed staff in social work departments accept lower standards of parenting than other professionals (Horwath, 2007a). Daniel (2000) found that social workers will accept poorer standards for children than members of the community. Accepting lower standards of parenting may also result from social workers working to the rule of optimism (Daniel, 2000) and the least intrusive principle (Swift, 1995). Horwath (2005a, p.79) further argues that perceptions of child neglect are 'influenced by the context in which the teams operated' including systems, resources and workloads.

Whilst social workers may accept relatively low standards of care, thresholds into services may be high. Neo-liberalism has resulted in a reduction in spending and cuts to services and resource constraints (Parton, 1999; Pollack, 2010). As caseloads increase, work is increasingly prioritised (Broadhurst et al., 2010). Differentiating and prioritising cases according to 'risk' becomes a central focus (Parton, 1999). In this context, professionals make decisions as to whether care is bad enough to warrant services.

### ***The child as categorical object***

One of the consequences of the focus on standards of parenting practice is that the relationship between parents and child becomes viewed as existing 'independently of social, economic, cultural and other forces' (Moss, 2000, p.240), drawing practice attention away from social context and the ways in which children experience their lives through specific social arrangements based on their social backgrounds (Graham, 2011). Within this discourse childhood is constituted as individualised, isolated and dependent upon the family (Moss, 2000) or more specifically, in this study, on the mother. The depiction of the isolated, needy, vulnerable neglected child, deficient in terms of physical and emotional care, is decontextualized. This deficiency focus allows children to be categorised as neglected and subject to state intervention. As Alanen (2004, p.2) suggests within conventional knowledge, children are 'treated as dependent variable' of various categories of adults, professionals and institutions who 'have' children, take care of them, work on them'.

### **Contextual factors**

#### ***Parenting characteristics***

A range of studies has sought to investigate the characteristics of neglectful parents, with the focus mainly on mothers' personalities, caring roles and attitudes, relationship and attachment histories (Coohey, 1995; Hildyard and Wolfe, 2007; Polansky et al., 1985; Polansky et al., 1981). Egeland and colleagues' 'Minnesota mother-child interaction' longitudinal study of first time mothers considered to be at risk of maltreatment concluded that, at six years, 'psychologically unavailable mothers were more tense, angry, depressed and confused' (MacDonald, 2001, p.50), less intelligent and appearing to cope with life stressors in an 'angry and ineffective fashion' (MacDonald, 2001, p.45) in comparison to a control group. Similarly, Hildyard and Wolfe's (2007, p. 898-9) comparison study of neglectful and non-neglectful mothers' responses to child emotions and behaviours found that 'neglectful mothers had significantly more children;

had experienced a greater degree and severity of maltreatment in their own childhoods; were more likely to be unemployed ...and reported significantly more depressive symptomatology than the comparison sample'.

Connell-Carrick et al. (2006) found that neglectful caregivers were characterised by a history of depression and attempted suicides. Substance abuse, mental illness or learning difficulties were common in case files in Stone's (1998, p.92) study, leading to the conclusion that 'most caregivers were significantly damaged individuals who were ill-equipped, emotionally or practically, to care for children'. Gaudin et al. (1996, p.367) examined casework assessments and found that neglectful families were viewed as being 'less healthy; less able to resolve conflicts; less cohesive ... less well led and less verbally expressive'. Slack et al. (2004) suggests that studies which have focused on the relationship between parenting characteristics and child neglect have found that neglectful parents have less empathy towards their children, less proficient caretaking skills, poor stress management and know less about child development and have less maternal motivation than non-neglectful parents. Similarly, Connell-Carrick et al. (2006) indicate that neglectful parents have fewer parenting skills, including effective communication and coping with stress. They were also viewed as lacking empathy and expressing dislike towards their child. Crittenden (1999) identifies three 'types' of neglect within which the characteristics of parents are seen to differ:

- *Disorganised neglect*: families are characterised as multiproblem, disorganised and crisis prone. Parents are described as failing to attend to children's needs of all kinds until crisis point;
- *Emotional neglect*: parents may provide materially for their children but do not give adequate attention to their emotional needs; and
- *Depressed neglect*: parents are withdrawn and do not perceive their children's needs. Children become silent and depressed.

### ***Drug and alcohol misuse and other 'risk' factors***

Studies have also focused on specific risk factors for child neglect, including alcohol and substance misuse, mental health issues, learning disability and domestic violence.

Cleaver et al. (2007) highlight the considerable evidence that children who grow up in families where there is domestic violence and/or parental alcohol or drug misuse are at increased risk of significant harm. Cash and Wilke (2003) found that 60% of families who come to the attention of the child welfare system have substance misuse problems. They highlight that drug misuse and subsequent neglect of children can occur through unwanted pregnancies, the child being left unsupervised and the mother being unable to adequately care. The study also indicated that mothers who used cocaine and/or heroin were more likely to neglect their children. Further, Forrester (2000, p.241) found that 'substance-using families were very significantly over represented in neglect cases' with 9 out of 10 children whose parents used heroin registered under the category of neglect. Alcohol misuse was also cited in 20 out of the 59 children registered for neglect.

Cleaver et al. (2007) found that in social work case files, three quarters of children living with domestic violence and/or substance misuse had unmet needs in at least one area of their development. Cleaver et al. (2007) also highlighted how many families experience a combination of domestic violence, parental alcohol misuse, drug misuse, mental illness and learning disability. Mckeganey et al. (2002) interviewed recovering heroin addicts and discovered that their children were at risk of physical neglect, violence and exposure to criminality. Exploring parental alcohol misuse, Dube et al. (2001, p.1633) found that 'association to each adverse childhood experience was highest among respondents who grew up with two alcohol-abusing parents'.

### ***Family 'dysfunction'***

Coohey (1995, p.885) argues that 'neglectful mothers exchange fewer resources with both their partners and mothers'. Stone (1998) found that 7 out of 20 of neglectful families lived in reconstituted families: mostly a mother plus a new partner. Relationships and family dysfunction were central concepts guiding practitioners' understandings of how children come to be neglected (Stone, 1998). Gaudin et al. (1996) compared family functioning in non-neglectful and neglectful families and found that neglectful mothers had more unresolved family conflict than those in the comparison group. Neglectful families also rated themselves as having 'less shared family leadership; less closeness and less clear internal family boundaries; poorer negotiating skills; more vagueness in verbal expression; less willingness to assume responsibility for their actions; less responsiveness to other family members' statements; less warmth, more unresolved conflict and less empathy toward one another' (Gaudin et al., 1996, p.368-9). Coohey (1995, p.885) found that neglectful mothers 'were more likely to state their mothers had fewer positive attributes ... their relationship was less positive and they were less interested in receiving resources from their mothers'. Significantly, explicit discussion of fathers is absent from many studies of neglectful families and, where they are included, are addressed primarily in terms of their relationship with the mother (Daniel and Taylor, 2006) and resource for the mother's caring role. In Gaudin et al.'s (1996) study adult males had limited involvement in child rearing.

### ***Intergenerational neglect***

The intergenerational nature of neglect and abuse has been a consistently reported, but somewhat controversial finding of child maltreatment research (MacDonald, 2001, Connell-Carrick et al., 2006). Newcomb and Locke (2001, p.1234) found evidence to support that the intergenerational transmission of neglect hypothesis: 'for mothers,

experiencing neglect led to poor parenting above and beyond the general influence of child maltreatment'. Stone (1998, p.92) found repeated references in case file data to mothers' own experiences of neglect and abuse, for example: 'mum has never experienced effective nurturing parenting herself'. In this study, 18 out of 20 cases scored positively for poor parenting of caregivers, with many having a history of neglect or abuse and experiences of the care system. Moreover, Hildyard and Wolfe (2007) found that mothers with an unresolved attachment status had the most severe difficulties in interpreting their own child's emotions. Hildyard and Wolfe (2007, p.904) argue that research has indicated that experiences of childhood maltreatment, produces 'negative representational models based on ... self-blame and shame', adversely affecting care giving abilities.

It is interesting to note that theories about the intergeneration transmission of child maltreatment are highly gendered, with the overriding focus on the mother-daughter relationship. For example, Coohey states (1995, p.893) that 'the mechanisms that perpetuated child neglect may lie in personality and behavioural traits of the mother ... that are then produced in the adult daughter through the mother-daughter relationship'. The gendered nature of constructions around neglect is a constant theme in the literature and is explored in more depth below.

### ***Attachment theory and mother-blaming***

Swift (1995) suggests that 'bonding theories' are highly influential within social work practice in cases of neglect and establish the *mother* as primarily responsible for meeting both material and emotional needs of their children. Attachment theory advocates the secure attachment relationship with the mother with the consequence that those 'who provide reasonably warm, sensitive, responsive, interested, flexible, predictable and consistent care have children who develop secure attachments' (Howe, 2001, p.200). Similarly, psychoanalytical accounts of mothering such as those developed by Winnicott and Klein are concerned

with the child's relation to internalised 'objects', more often than not the mother as the primary carer (Doane and Hodges, 1992). Bion's model, developed from object relations theories, positions the mother as a 'container' for her child's anxieties and distress (Briggs, 1995). An implicit conceptualisation of the 'good enough' mother is central to all of these theories.

Although clearly an understanding of attachment theory is considered crucial in identifying neglect, attachment theories have been critiqued for upholding mothers as solely and individually responsible for inadequate care and for blaming and pathologising women. An emphasis upon the importance of attachment bond within the first few years of the child's life implies an 'implicit message of irreversibility which gives this theoretical schema its intensity' (White, 1996, p.75). The mother is epitomised as the selfless carer (Turney, 2005). This 'ideal' has a narrow social and class base (Glenn et al., 1994) and, as Turney (2005, p.253) elaborates, 'there is a powerful myth that presents the (white, heterosexual, middle-class) mother as the epitome of selfless carer'. The construction of the 'good enough mother' exists in relation to the 'bad mother': 'the good enough' mother is constantly set in relief by her 'other', the mother who brings failure to her child's development' (Lawler, 2000, p.49).

As Chodorow and Contratto (1989, p.90) suggest 'blame and idealisation of mothers have become our cultural ideology'. Women become not only selfless carers but 'maternal presence ... functions as the essential feature in the maintenance of the socio-political order. Mothers were, and still are, positioned as the relay point in the production of democratic citizens' (Burman, 1994, p.80). Burman (1994) argues that women are not only held responsible for the care of their children but also for their current and future development.

A sole focus on attachment theory and intergenerational assumptions can 'contribute to a partial and flawed understanding of neglect' (Turney and Tanner, 2001, p.196) and a personalising and individualising of women, a result of which professionals respond 'as if the 'problem' lies solely with

the individual woman, rather, perhaps, than the context within which she is being asked to provide care' (Turney, 2005, p.257). Furthermore, physical descriptions of mothers 'directs us to see poor care as closely connected to 'defects' in the mother and simultaneously directs attention away from the experienced problems of the mother' (Swift, 1995, p.110). Although, as Swift (1995, p.89) suggests Polansky's influential studies deemed poverty and social deprivation as important factors when investigating neglect, the personality features of mothers were seen as the overriding and primary cause: 'this view is highly influential and Polansky's findings have now entered the discourse as 'fact''.

Similarly, Lally (1984, p.243) argues that 'too narrow a view of child neglect often limits problem definition and encourages placement of blame at the family level'. Burman (1994, p.85) suggests that 'all too often the context in which child survival and neglect takes place is ignored. What has been understood as 'maternal deprivation' in some circumstances has more to do with poverty than with women's 'mothering qualities'. Specifically, the 'cycle of neglect' discourse works to 'render the social and economic context not only invisible but irrelevant' (Swift, 1995, p.113). As a result, 'mothers may not receive the help that they need as they care for their children' (Davies et al., 2007, p.24). The neglect schema, argues Swift (1995, p.99) validates pre-existing individualised services, which are 'directed at changing people rather than addressing social ills': services that provide 're-parenting' to break the cycle. Hence, mothers are policed to care, to reach a state where she is less needy, a state, which she needs to arrive at herself in the face of limited resources (Swift, 1995).

### ***Psychoanalytic theory: a more understanding approach***

Turney (2000, p.51) suggests that 'reinforcing the links between women and caring and femininity and maternity perpetuates the 'naturalizing' of these connections, leading us with few ways of thinking about women who cannot or will not care'. The 'inability or unwillingness of a mother to care becomes almost literally unthinkable and the women who neglects



seems to abdicate her right to the title of mother'. This inability to think about women who are unable to care adequately for their children has consequences for responding to mothers who have neglected their children. As Welldon (1988, p.83) claims 'we help neither her, nor her children, nor society in general, if we glorify motherhood so blindly as to exclude the fact that some mothers can act perversely'.

Responding to the feminist critique that psychoanalytic theory reinforces mother-blaming, Parker (1997, p.18) demonstrates how 'we can continue to employ conventional psychoanalytic theory, re-reading it thoroughly from a mother's point of view'. This creates the possibility, to discuss 'unacceptable' experiences of mothering, including 'anger, sadness and relief' (Featherstone, 1999, p.52). Parker (1997, p.31) arguing against 'correct' and idealised maternal development, suggests determination by individual experience: 'a woman's personal, cultural and ethnic history, her economic circumstances, her relationships, the psychological and physical state of her child can all impact on her response to ambivalence'. This approach becomes less blaming.

Advocating a modification of the 'ideal' psychoanalytic model, within a model of psychological treatment of violent women, Motz (2008, p.249) argues that the 'therapeutic task is ... to help women articulate and express unhappiness and anger, so that they can effect change in their lives, not to silence or extinguish them'. This requires professionals to 'question and eventually relinquish preconceptions about motherhood in order to engage and work with violent women' (Motz, 2008, p.250). Hence an understanding rather than blaming approach emerges: 'insights into the development of violence and disturbance through early attachment disturbance are used to understand and help mothers, not to blame or condemn them' (Motz, 2008, p.250). The goal becomes to 'facilitate the violent woman's understanding of her internal world and help her to manage the external expression of her distress and anger' (Motz, 2008, p.250).

## **Poverty and neglect**

Swift (1995, p.88) identifies that two main historical discourses exist surrounding the attribution of cause surrounding child neglect: personality and poverty, arguing that 'from its inception social work has been concerned not only with the poor but with the socialization of the poor'. The relationship between poverty and child neglect is now commonly recognised. For example, Cawson et al. (2000) found an association between neglect and poverty, particularly in lone parent families. Slack et al. (2004, p.403) highlight an inverse relationship between income levels and child neglect and suggest that 'one's perception of economic hardship is a robust predictor of future neglect reports'. Similarly, Stone (1998, p.93) highlights that 'neglected children evidently suffer from poverty both in their material and their emotional environments'.

## ***Beyond simple causation***

Despite the above findings, there has however, been a move away from notions of poverty as a simplistic *causal* factor of child neglect, towards an acknowledgement of the complex *relationship* and correlations between the two (Dubowitz, 1993; Parton, 1995; Slack, 2004). DePanfilis (1996, p.37) suggests that 'most researchers and clinicians agree that child neglect is determined by multiple forces at work in the individual, family, neighbourhood and society'. Turney (2000, p.54) argues that we need to consider the 'importance of intrapersonal dynamics but will also highlight the nature of relationships between individuals, their families and wider communities'. Garbarino and Collins (1999) emphasise the interplay of biological, psychological, social and cultural factors. In addition, researchers have recognised the impact of economic structures, political context, external networks and the existence of stresses (Turney and Tanner, 2001).

At the same time, there is evidence that high unemployment and poverty hinder parental ability to provide care, increasing the likelihood of neglect. In their Glasgow study, Gillham et al. (1998, p.88) found that 'living in areas of localised high unemployment (particularly male) is likely to put families, otherwise vulnerable, at greater risk of child physical abuse and neglect'. Research also highlights a relationship between poverty and individual factors, including depression. Lally (1984, p.250) questions whether 'character disorders' of neglectful parents, known to be 'apathetic, lacking in drive and enthusiasm' are 'inherent in the individual or reactions to the workings of larger systems'. Garbarino and Collins (1999) suggest that neglect is a function of influences on caregivers that lead to lowered morale, deteriorated functioning and depression. Cleaver et al. (2007) have also highlighted that domestic violence and parental substance misuse can impact on housing, income and social integration. Brandon et al. (2009) suggests that some neglectful families were overwhelmed physically, materially and emotionally. Over half had moved several times, sometimes living with friends or family in crowded and/or inadequate accommodation. When this was coupled with domestic violence, depression or learning difficulty a 'high risk' environment resulted. It is recognised that most neglectful families live in low socio-economic areas and experience social exclusion. Reflecting on a systemic view of child neglect, Lally (1984) argues that neglect is caused by 'ruptures' in neighbourhood, community and societal functioning.

Garbarino and Kostelny (1992) compared two communities with similar characteristics but differing levels of maltreatment. In the community with higher maltreatment subjects had difficulty thinking of anything good to say about their situation, knew less about community services and showed little evidence of a support/network system. In contrast, in the community with lower maltreatment rates there were more services available, subjects knew more about what was available and had very strong formal/informal support networks. Connell-Carrick et al. (2006) also found that families who were rated as having a poorer social climate (including social support and isolation) were more likely to be

substantiated for neglect. Dubowitz (1993, p.9) argues that 'the interactions between children and parents are influenced by community and societal factors such as the availability of child care and poverty'. Swift (1995) argues that living in poverty impacts on a parents' capacity to improve their parenting through an absence of access to resources.

### ***Social neglect and poverty***

By positioning poverty as a contributory factor, social and institutional neglect are highlighted. As Garbarino and Collins (1999, p.17) argue 'we already know that rates of neglect are higher among the poor. So when we as a society ignore the poor, we contribute to child neglect'. Institutional policies that ignore the needs of children become a form of institutional neglect (Garbarino and Collins, 1999). Dubowitz (2007) argues that poverty in itself is a form of social neglect. Similarly, Spencer and Baldwin (2001, p.26) argue that the wellbeing of children is not simply the responsibility of parents and families but of societies as a whole. 'Social, economic and educational policies can be supportive or neglectful of children, providing an environment and climate in which the capacity of families to care for their children is either strengthened or undermined'. Hence the neglect of children 'becomes not simply an indictment of those families which fail to meet the basic needs of their children, but also of a society which fails to construct and maintain an infrastructure which facilitates parenting and values children' (Stone, 1998, p.95).

An ecological conceptualisation of neglect (Dubowitz, 1993, p.10) recognises that 'although parents are responsible for nurturing and protecting their children, social factors influence their ability to provide that care'. An ecological approach would allow for the '*shared responsibility*' among individuals, families, communities and societies. Replacing individual blame by a shared responsibility enables a more constructive approach, and suggests interventions be targeted at multiple levels' (Dubowitz, 1993, p.15). Similarly, Turney (2000, p.54) advocates that social workers need to rethink the concept of care, taking into

account the political and social context in which it takes place: 'a more holistic account of the process and relationships of caring reduces the likelihood of a simple mother-blaming response to neglect and promotes the chance of a response based on support.' However, despite an increased focus on the connection between poverty and neglect 'this societal responsibility still receives insufficient attention in the debates relating to child care and child abuse and neglect' (Spencer and Baldwin, 2001, p.26). For example, Swift (1995) found that reference to social and economic issues did not appear on case files pertaining to neglect, with child welfare rooted in the private family and the obligation of parents to provide for children within the family structure: 'the organisation of records provides a format for noticing and collecting information that simultaneously reflects and supports the personalised stream of discourse about neglect and not the discourse to do with poverty' (Swift, 1995, p.95).

### **The gendered nature of neglect and responses to it**

Research highlights the gendered nature of child welfare policy and practice in general and specifically in relation to child neglect. Strega (2008) highlights the lack of attention to fathers in the social work literature. This has also been noted by Edwards (1998, p.259) who suggests that 'the absence of men in studies of the social welfare and health of women and children is noticeable'. Strega (2008) argues that studies often use 'gender neutral' language that often hides the fact that the participants are mothers. In existing literature, mothers are positioned as responsible through identities of risk, for example, having mental health problems or learning difficulties (D'Cruz, 2002). Research and theory on child neglect is influenced by the assumption of the woman as the primary caregiver (Daniel and Taylor, 2006). When fathers are included, research 'tends to focus on the father's relationship with the mother and his presence or absence in the home' (Daniel and Taylor, 2006, p.428). For example, in Gaudin et al.'s (1996) study fathers had

limited involvement in child rearing or support for the mother. The mother then is a key variable in writing about child neglect, in terms of role rejection, lack of nurturing, knowledge, immaturity and poor nurturing of the mother (Swift, 1995). Swift (1995, p.89) suggests that 'many researchers are concerned with establishing the main causal variables of neglect, they also contribute to the definition of the problem by framing it in personal and intrafamilial terms'.

### ***Fathers***

Arguably, the wider policy context has recently been more supportive of fathers through: policies encouraging the involvement of fathers in childcare; paternal rights and the creation of *Fathers Direct*; and, through the promotion of positive involvement of fathers in children's welfare (Featherstone, 2003). Scourfield (2006) suggests that the previous New Labour government was, in overall terms, positive about men, with the Department of Health recognising engaging fathers as a service target (Bayley et al., 2009). This policy context, which sees fathers as 'resources both financial and emotionally' (Featherstone, 2003, p.247) increasingly influences 'how practitioners respond to family circumstances, and affects how families see themselves and are seen in comparison with the rest of society' (Daniel and Taylor, 2005, p.263). However, Scourfield (2006, p.442) points out that the focus on fathering at a policy level 'is on the value of ordinary dads spending time with their children ... men who are abusive to women or children are not considered within these areas of policy'. Arguably, policy initiatives encouraging men's involvement in the lives of their children, specifically paternal leave, benefit only working families, becoming irrelevant to most fathers whose children are referred to statutory social work teams because of neglect as they are unemployed (Daniel and Taylor, 2005). Similarly, despite the existence of research evidence which points to the positive attributes fathers can offer, within the 'realm of child care and protection practice, there is a lack of research-based information and of a clear framework for practice with fathers and male figures' (Daniel and Taylor, 2005, p.266).

Scourfield (2003, p.105) argues that 'men as clients of childcare social workers are constructions of socially and economically marginalised men'. Ferguson and Hogan, (2004, p.4) found that 'dominant constructions of masculinity permeate everything and service user men are generally seen by social workers as dangerous, useless and 'behind the times; in relation to societal changes in gender roles and parenting'. Welfare systems were 'found to exclude men so powerfully that even in cases of inclusive practice clear evidence emerged of men's exclusion' (Ferguson and Hogan, 2004, p.1).

Hence, there is a tendency within policy documents to replace 'mother' with 'parent' (Daniel and Taylor, 2006), without fully addressing the implications of gender. Although, for example the *Every Child Matters* policy framework, recognises the vital role of fathers as well as mothers, it fails to address the complexity of the gendered practice context built on gendered assumptions about child neglect (Daniel and Taylor, 2006). Similarly the *National Service Framework for Children* (DoH, 2004) makes just one reference to fathers (Daniel and Taylor, 2006). This results in practice underpinned by unquestioning assumptions regarding gender roles.

### ***Mothers***

Mothers are 'overwhelmingly identified as perpetrators of neglect' (Daniel and Taylor, 2001, p.24). The question of responsibility for the maltreatment of children is 'a key gender controversy' (Scourfield, 2003, p.23) and studies have identified that gendered constructions of women are mainstream organising principles (Scourfield, 2000). As Turney (2000, p.26) argues care and nurturing are identified with the feminine in the west: 'the association between caring and mothering ... has particular salience for a consideration of child neglect'. This includes care for children, as well as the home: 'housework is not only the preserve of women but also an activity that is a compulsory part of their motherhood' (Edwards, 1998, p.278).

Although in 'modern family ideology, the family is presented as a much more democratic unit ... rather than the hierarchical and overtly patriarchal structure of the earlier model', marked gendered divisions still exist – the dominant ideal of the family and home have particular salience for women (Munro and Madigan, 1999, p.107). It is women's responsibility to establish the social standing of the household and maintain normative expectations of order (Drake, 2005). Further Bugge and Almas (2006) explained that the notion of the 'proper dinner' was reproduced within women's discourse and is linked to caring for children, the family and home.

The focus on responsible women in social work practice in cases of neglect also builds on and re-produces traditional psychoanalytical positions and attachment theory, which has been explored above, specifically around the 'good enough' mother. Hence, this association between femininity and caring has implications for our understanding of neglect with any breakdown in care being seen as attributable to women (Turney, 2000). As Daniel and Taylor (2006, p.427) elaborate, the theoretical underpinning of the majority of research on neglect is that: 'neglect is an indication of a lack of nurturing; nurturing is carried out by mothers; therefore, when nurturing is absent the problem must be a problem of mothering.'

### ***Dangerous men and responsible women***

Research indicates that professionals need to be alert to men as risks particularly in neglect cases (Daniel and Taylor, 2005). Domestic violence is a common occurrence in neglectful families and much has been written about the adverse impact on children of both observing and hearing acts of violence (Kitzmann et al., 2003; Mullender, 1996; Wolfe et al., 2003). Violence towards women is comprehended as child abuse when children are present in the home (Mullender, 1996). Fathers may exacerbate the likelihood of neglect, for example, if they are using household income to finance substance misuse. Scourfield (2000, p.376-7) argues that



'characteristics of the opposing parties are essentially dissimilar but mutually appropriate ... the abusive man has a complementary relationship to the neglectful woman where his violence, abuse of money, avoidance of domestic work and frequent absence from the home are seen to hinder her care of the children'.

It is often women who are upheld as responsible for protecting their children from violent men in their lives (Daniel and Taylor, 2005; D'Cruz, 2002; Scourfield, 2003; Strega, 2008). D'Cruz (2002, para 2.15) in her discussion of the practice construction of 'responsible mothers, invisible men' suggests that women are viewed as indirectly responsible through the 'failure of protective function'. Women are expected to make a choice between male partners and their children to demonstrate their protective abilities and commitment. Similarly, Strega (2008, p.206) suggests that 'women are constructed as solely responsible not just for the care of children but for protecting children from threats that men pose and are judged harshly if they fail to perform these tasks adequately'.

O'Hagan and Dillenburg (1995) suggest that maintaining good, supportive relationships with mothers is considered 'good' practice, with the hope that the mother will protect their child from the violent males. D'Cruz (2002) argues that the literature has highlighted that women's apparent lack of protectiveness may be the result of fear of violent repercussions or loss of their children. This emphasises the need for social workers to understand the complexities of responsibility and for an understanding of power relations outside the family (D'Cruz, 2002). Research has also indicated that professionals tend to focus on the mother due an anticipation of men's violence and intimidation (O'Hagan and Dillenburg, 1995). In effect, through the encouragement of the protective function, mothers are being 'given an impossible task: to protect their child from someone they themselves (and the professionals) have learned to fear' (O'Hagan and Dillenburg, 1995, p.143).

Men are often perceived as dangerous by professionals (Brandon et al., 2009; Ferguson and Hogan, 2004), are less engaged than women in the

child protection process and there is little attention given to their caring role (Baynes and Holland, 2010). In Ferguson and Hogan's (2004) study men were described in terms of their physical 'hard man' appearance. Further they describe that a process of 'mythical storytelling' can occur amongst professionals about perceived dangerousness or fecklessness of men. Crucially, if men are 'labelled as violent without recognition of their role as fathers, this not only negates any chance of changing the negative aspects of these fathers' behaviours to children but also may do little to stop them from ... moving on to new relationships with new children' (Maxwell et al., 2012, p.161). Similarly, Scott et al. (2006) recognise that without engaging with and providing intervention for abusive fathers the system contributes to the 'intergenerational cycle' of violence. Research findings also indicate that men are sometimes excluded (for example, from family intervention) when it is viewed as in the best interests of their partner or child, for example in circumstances of domestic violence (Ferguson and Hogan, 2004).

### ***Lone mothers, absent and omitted men***

In addition to the discourse of men as 'risky', the literature exposes other ways in which men are omitted from professional practice around neglect. Even 'when not threatening or abusive ... men are generally constructed as irrelevant or rendered invisible' (Strega, 2008, p.707). Men may absent themselves or be absented either by professionals or by women partners (Ferguson and Hogan, 2004). The overriding focus and engagement on the mother has been explained by the professional assertion that most women are lone parents (Edwards, 1998; Farmer and Owen, 1998; Ferguson and Hogan, 2004). Child welfare 'disproportionately engages with poor single mothers' (Strega, 2008, p.705). Men are also seen as 'difficult' (Ferguson and Hogan, 2004). When present, men may respond to professionals by decreasing their parenting role. Farmer and Owen (1998) found that mothers took on more responsibility for childcare after an investigation whilst father figures sometimes reacted to registration in the opposite way, by opting out of the parenting. However, this opting out is not viewed as neglectful. Strega (2008, p.706), drawing on Swift (1995)

and Scourfield (2003) argues that 'a father or father-figure can leave his children without being seen as abandoning them and can fail to feed, clothe or otherwise care for them without being seen to be neglectful'. Similarly, Daniel and Taylor (2001, p.24) suggest: 'somehow the man's ultimate neglect – his absence – is not labelled as such'.

Fathers are often omitted by professionals even when they are actively present in children's lives. In Farmer and Owen's (1998) study when men were involved they were not viewed as co-parents. Strega (2008) found that investigations into child neglect tended to focus solely on mothers' behaviour and responsibility, even when there were two parents in the home. It appears then that men are perceived to pose difficulties to workers both when they are present and when they are absent (Edwards, 1998). Through absenting themselves or through being made absent by professionals, men are often absolved from responsibility (Edwards, 1998).

Furthermore, judgements about fathers' involvement may also be influenced by social workers' class based assumptions. Ferguson and Hogan (2004) reflect that working class men are generally viewed as 'traditional' and 'behind the times' in relation to societal developments and changes regarding gender roles and parenting. A lack of attention to fathers' parenting skills are identified elsewhere (Baynes and Holland, 2010). Comprehending men in terms of class or cultural differences is also identified by Edwards (1998) who suggests that unmarried or unemployed fathers are more likely to be associated with traditional male roles not including childcare.

Studies have also suggested that mothers themselves sometimes contribute to men's exclusion. For example, Ferguson and Hogan (2004, p.4) highlight women's ambivalence towards including partners: 'some mothers appear to have little conception of themselves other than as the primary parent ... others want the men excluded because they feel they are useless, irrelevant or because they fear them'. Similarly, Daniel and Taylor (2001, p.24) argue that 'given that society is still structured around

the mother taking primary responsibility for children this is hardly surprising ... when they visit the family it is the mother who answers the door and it is the mother who sees her own role as that of primary caretaker'.

### ***Engaging with fathers***

The gendered nature of child protection practice then ignores fathers both in terms of the risks and possible benefits (Daniel and Taylor, 2001; Maxwell et al., 2012). By not engaging with men professionals do not 'know' men and lack confidence in engaging and discussing fatherhood (Ferguson and Hogan, 2004). Researchers increasingly advocate the promotion of father-centred practice, towards what men have to offer as well as any risks they represent (Daniel and Taylor, 2001). As Strega (2008) maintains, if practice is to move toward true inclusiveness, practitioners need to proactively assess and engage with all significant men in a child's life.

Maxwell et al. (2012) provide a review of recent literature on engaging fathers in child welfare services, including ways in which father engagement can be facilitated. Barriers to father involvement include a concern that services are female dominated, a lack of awareness of services, employment commitments and a cultural attitude that childcare is women's work (Bayley et al., 2009; Cullen et al., 2011). Bayley et al. (2009) suggest that best practice should encompass actively promoting services to fathers. Further, consulting fathers regarding support and services they require, employing some male staff and offering services outside of traditional hours is viewed as contributing to successful engagement (Cullen et al., 2011). Professionals need to be respectful of different masculinities (Cullen et al., 2011) and incorporate an increased understanding of fathers' perspectives (Bayley et al., 2009).

Men's identities need to be considered within changing and challenging socio-economic and familial circumstances. The role of economic provider continues to be, as Featherstone (2003, p.240) argues, a central

aspect of fathers' identities, hence, for families living within economic margins 'failure to access paid employment due ... to unemployment ... is experienced negatively by fathers and indeed their partners and children'. Weinman et al. (2002) analysis of young fathers' risk behaviours and service needs revealed that, despite risk identities, fathers desired employment services and educational training. Furthermore, existing discourses of often middle class representations of 'good fathers' may impact, as Featherstone (2003, p.241) argues, differently on fathers in a different position: 'What does being a 'good father' mean to men who are unemployed, not living with ... their children, fathering children who are not "their own"?'

Ferguson and Hogan (2004, p.26) suggest that professionals need a holistic view of men, relating to men's 'multiple selves'. They found that the most effective father inclusive workers were those 'who were able to be aware of and take seriously suspicions of violence', but still engage 'with the man in a manner which does not prejudice him' (Ferguson and Hogan, 2004, p.27). They recommend that agencies should develop father inclusive policies and practices; practice should be grounded in respecting fathers and looking to their strengths; structural conditions which impinge on father involvement should be addressed; training in 'father-advocacy' and involvement of service users in the design and delivery of initiatives (Ferguson and Hogan, 2004).

The literature recognises a more holistic approach is required in intervening with violent men, in which they are recognised as both a father and abuser. In addition to parenting, fathers may require help with their violent behaviour (Daniel and Taylor, 2005). Studies have indicated a need to work with violent men in a way that addresses the violence and caring role (Featherstone et al., 2010). For example, the group intervention programme 'Caring Dads: helping fathers value their children', which targets men who have maltreated children or abused their children's mother, combines both 'standard' parenting programmes and 'batterer intervention' programmes (Scott et al., 2006). Ferguson and

Hogan, 2004, p.26) also suggest that intervention not only helps to make men 'safer' or more responsible but can encourage men to enable 'their transition to a more ... care-based masculinity', to develop to become 'good enough' fathers. However, Scourfield (2006) points out that the focus has been on engaging fathers within family support, for example, Sure Start but not social services. Further Featherstone et al. (2010) highlight that Sure Start centres are more proactive at being father inclusive than at a local authority level.

### ***Engaging with mothers***

Several studies have explored the impact of child protection involvement and gender bias on women (D'Cruz, 2002; Farmer and Owen, 1998; Thorpe, 1994). Women do contact professionals for support and allow referrals to be made by others (Cleaver et al., 2007; Farmer and Owen, 1998). As Farmer and Owen (1998, p.547) found women 'do actively turn to professional agencies in the hope that they will receive assistance either in dealing with their own problems or in regulating the actions of the men with whom they are living'. However women's experiences of professional involvement are often different from these expectations. Mothers often feel judged, blamed, out of control and unable to voice their opinions (Thorpe, 1994). For example, D'Cruz (2002, para 3.3) found that in workers' constructions of responsibility, 'in all cases, the mothers bore the full force of official surveillance and judgement of their competence as *mothers*'. Thorpe (1994, p.54) identified 'the bewilderment of parents when the system takes over and they are left without a voice and without any control over the situation'. Furthermore, feelings of being judged and confusion of mothers as to why social workers were involved was highlighted through one mother's reflection in Thorpe's (1994, p.55) study: 'my social worker came round and said it was a complete mess and what was I going to do about it? I didn't know what neglect was'.

Research has also highlighted that mothers experience social work involvement as controlling and as means of surveillance rather than support (Farmer and Owen, 1998). Mothers can feel as though they are

in a 'no-win' situation whereby 'if you say nothing you're sunk, if you challenge you're sunk' (Thorpe, 1994, p.57). Davies et al. (2007, p.24) revealed that mothers may see professionals as 'controlling, unhelpful and even blaming'. Registration for neglect is particularly stigmatising and, ironically, can lead to a worsening situation whereby a parent's ability to cope is undermined (Farmer and Owen, 1998). White (1996, p.77) also found that the effect of surveillance could 'deepen the depression and sense of helplessness'.

There has been relatively little attention given within social work practice to the understanding of women's multiple identities. Featherstone (1999, p.43) reflects that there is 'vast body of writing on mothering, particularly from feminists ... which is not well known in social work'. Much diversity exists within feminist writing on motherhood today. Post-structuralist feminist positions have emphasised the existence of differences and multiple selves (Flax, 1990). It appears that 'women are questioning who they are and formerly fixed identities such as wife and mother' which is supported by lone parenthood, increased divorce rate, cohabitation and the majority of women undertaking paid work (Featherstone, 1999, p.44). Etzioni (1993, p.6) argues that 'over the past twenty years millions of mothers have sharply curtailed their work in the 'parenting industry' by moving to work outside the home'. Others have emphasised the experience of a loss of self and sacrifices, whilst others, for example, Kaplan, have highlighted discourses around self-fulfilment (Featherstone, 1999).

Featherstone (1999, p.44) argues that in social work mothers tend to be seen only in terms of how their actions (or inactions) impact on their children's development: 'lost in this approach is any understanding of mothers as women or people who may have alternative identities to that of mother ... those identities may be central to not only mothers' general well-being but also their children's'. This narrow formulation of mothers' identities impacts on social work interventions and ways of responding to neglectful mothers.

## **Summary and conclusions**

This chapter has highlighted that the 'neglect of neglect' has been challenged through recognition of its increased incidence and evidence of its adverse effects on children. Definitions of neglect are varied and contested and can be defined narrowly and more broadly. It is recognised that neglect is complex, multi-faceted and difficult to define. There is an emphasis in practice on physical neglect, viewed as observable and visible and easier to prove in court and in legal terms. The literature has also highlighted that given the complexities of defining neglect, the point at which care becomes inadequate is difficult to ascertain. The notion of 'good enough' parenting is contested. This study aims to examine how child neglect is defined and constructed in social work practice by professionals, in case file data and by parents who receive services as a consequence of concerns about neglect. It will be important to explore the consequences of these constructions for deemed responsibility for neglect, interventions and responses. The range of studies that explore the characteristics of neglectful parents, including mothers' personalities, caring attitudes, relationship and attachment history as well as risk factors for neglect have also been discussed. The chapter has also explored the major discourses and contextual issues that have emerged, including neglect and poverty and the gendered nature of child neglect and policy responses. It will be important to examine how responsibility for neglect is constructed by professionals and parents. The study aims to develop existing research, highlighted in this chapter that explores the gendered construction of policy, research and social work practice in relation to child neglect.



### **Chapter 3: Assessment of child neglect**

The focus this chapter moves to professional practice. The assessment of neglect is addressed. The chapter begins by outlining the implications of the *Framework for the Assessment of Children in Need and their Families* (DoH, 2000) in terms of neglect. This encompasses exploring the emergent ecological approach to assessment, a focus on family and environmental factors, the child-centred principle, knowledge of child development and the use of associated tools and scales.

The chapter then goes on to analyse the assessment of child neglect in practice. This includes examining how attachment theory can provide a framework for identifying and understanding neglectful relationships. I then go on to explore debates around threshold levels for access to services and engaging parents in assessments. Debates surrounding the use of judgement and analysis in assessments, multi-disciplinary working, use of assessment records, timescales and child-centred assessments are discussed.

#### **The Assessment Framework**

Assessing child neglect demands a 'rather different response from... [a] narrow, incident-based, forensic approach (Stone, 2003, p.214), particularly given its multi-faceted and long-term nature and the fact that neglect is not always characterised by a precipitating 'incident'. Additionally, high-profile cases of child injury and death have repeatedly demonstrated the dangers of focusing on whether or not abuse or neglect has been perpetrated, rather than assessing the child's developmental and health status (Cleaver and Walker with Meadows, 2004). The *Framework for the Assessment of Children in Need and their Families* (DoH, 2000) (referred to below as the '*Assessment Framework*') was introduced to enable a shift in practice 'from a service overly preoccupied by incidents of child maltreatment to one that focused on the developmental needs of children including cases where their health and

development was being impaired through neglect or abuse' (Cleaver and Walker with Meadows, 2004, p.15).

The Framework offered a promising opportunity in terms of neglect offering a holistic, needs-led approach (Stone, 2003). Encompassing the inter-related domains of child's developmental needs, parenting capacity and family and environmental factors, the *Assessment Framework*, draws upon a broad definition of child neglect conceptualised by Dubowitz (1993). The emergent 'assessment triangle' which forms a core model with the *Assessment Framework* also recognises the presence of multiple risk and protective factors and their possible interactions (Brandon et al., 2008).

- Ecological

One of the key principles of the *Assessment Framework* is that assessments should be 'ecological'. A systems approach allows the practitioner to understand the interplay of biological, psychological, social and cultural factors in child neglect. The framework responds to, and assists, professionals to 'handle' the multi-factorial and complex nature of neglect (Stone, 2003). The incorporation of 'family and environmental factors' within the *Assessment Framework* highlights the importance of considering wider social factors, rather than solely focusing on 'psychological dynamics within a particular family' (Stone, 2003, p.215). However, Stone (2003, p.220) stresses that it is 'important to distinguish between the economic conditions themselves and the effect of these on the children as they are mediated by the parents' care giving'. It also needs to be recognised that poverty can also have a direct impact on the child (Cleaver and Walker with Meadows, 2004).

- Family and environmental factors

The parenting capacity dimension enables professionals to 'consider whether there are any obstacles which get in the way of parenting capacity and militate against the meeting of the child's needs' (Stone, 2003, p219). This dimension is particularly driven by *Child Protection*:

*Messages from the Research* (Department of Health, 1995). Cleaver and Walker with Meadows (2004, p.19) suggest that it is important that 'parental issues and environmental factors should be examined in relation to how they impact on the child's wellbeing'. Stone (2003) also argues that assessments should distinguish between those needs of the child and of the parent. Although a possible intervention may be to 'offer some support to the parents around their unmet needs but the needs of the child must have priority' (Stone, 2003, p.220). Assessing parenting capacity also involves considering the parents' ability and capacity to change (Turney et al., 2011). Further, assessing family functioning 'can also provide a basis for a strengths-based approach that accepts that all adults and children possess strengths that can be tapped to improve the quality of their lives' (Turney et al., 2011, p.6).

- Child-centred

Another principle of the *Assessment Framework* is that assessments should be child-centred: 'fundamental to establishing whether a child is in need and how these needs should be best met is that the approach must be child centred. This means that the child is seen and kept in focus throughout the assessment and that account is always taken of the child's perspective' (DoH, 2000, para 1.34). Parents who have neglected their children are often experiencing multiple problems at a variety of different levels. Stone (2003, p.215) warns that when assessing neglect very needy parents may 'monopolise the assessor's attention to the detriment of the child'. Given that the underlying dynamic within neglectful families can be that parents may be preoccupied with their own needs and as a result 'unavailable' psychologically to their children, maintaining a focus on the child is of crucial importance (Stone, 2003).

- Knowledge of child development

The assessment is embedded within the importance of knowledge of child development (DoH, 2000). Cleaver and Walker with Meadows (2004, p.19) maintain that 'it is important that assessments focus primarily

on the child's developmental needs'. Understanding child development is crucial in shaping assessments and making judgements about services to meet children's needs (Aldgate, 2006). Models of child development outline the developmental stages and ages at which milestones occur (Berk, 2010). Such models are used by professionals to 'measure' concerns about a child (Stone, 2003) and to assess children's progress (Holland, 2011). This focus on child development includes 'recognition of the significance of timing in a child's life' (Calder, 2003, p.5). Although critiqued as being rigid and universal, knowledge of child development is important in identifying deviations and developmental delays (Holland, 2011).

- Use of tools and scales

*The Family Pack of Questionnaires and Scales* (DoH, 2000) which were published alongside the *Assessment Framework* contains a range of scales and measures which are suggested for use in assessments. These include, for example, 'The Home Conditions Scale' and 'The Family Activity Scale' and 'The Alcohol Scales'. The scales and questionnaires have been critiqued for a lack of evidence-base; a shift towards a more positivistic and psychiatry-led orientation; the possibility that they may be experienced as insulting or patronising; and, for a lack of underpinning empirical evidence (Garrett, 2003). Further, although the tools may provide indicators of neglect, including aspects and severity, many questions are dependent on making a judgement about a standard of care, strengths and deficits (Horwath, 2007a). Professionals may also hold differing views on the 'weighting' they should give particular scores for each section on the tool (Horwath, 2007b). Tools should be viewed as supporting and assisting professionals in informing their professional judgements (Horwath, 2007b), not as a substitute for it (Turney et al. 2011).

## **Assessments in practice**

### ***Assessing attachment***

Holland (2011) suggests that attachment theory provides a framework for understanding emotional behaviour of children and adults who may have experienced losses, disruptions and unpredictable relationships. Howe (2003) describes three insecure attachment types: avoidant/defended, ambivalent and disorganised/controlling. Children who 'find themselves in relationship with parents whose care giving is broadly sensitive, loving, responsive, attuned, consistent, available and accepting develop *secure attachments*' (Howe, 2003, p.377). In contrast, children who have developed internal working models based on experiences of emotional unavailability of the parent causes them to '*raise their level of attachment behaviour* in order to gain attention' (Howe et al., 1999, p.89). An insecure dependent attachment is typified by repeated testing of the parent (Howe, 1999). This attachment typology is used as an assessment framework by many practitioners (Holland, 2011).

Attachment theory is acknowledged as being particularly helpful in identifying and understanding neglectful relationships: observing the parent and child together can give insight into the process of care giving (Stone, 2003). Howe (2003) advocates that an attachment-orientated assessment allows the practitioner to analyse the quality and character of the caregiving environment in the past and present and the child's behaviour and relationship style in different social contexts, for example, the family and school. This approach to assessment allows for the assessor to gain information about the children but also a picture of the parent's socio-emotional experiences as a child (Howe, 2003). The mother's relationship with her children can be evident of an intergenerational transmission of an insecure internal working model where the mother has not made the shift towards '*mature transformation* of the attachment system ... of being protected to providing protection' (George, 1996, p.418). The needs and behaviours of the child are associated with particular caregiving styles. The professional can

compare this with the caregiving style of the parent associated with the typologies of attachments described. If there is a 'reasonable match, the practitioner can have increased confidence in the ... psychological dynamics that link particular caregiving environments with certain developmental needs and behaviours in children' (Howe, 2003, p.380).

Although routinely accepted, theories of attachment can be criticised for their cultural and class bias and for their tendency to examine parent-child relationships in isolation from their social context. Echoing the reframing of dominant discourses of childhood to one that views children as social actors with rights (Moss, 2000), Aldgate (2006) advocates the use of a 'developmental-ecological' model of child development. She suggests that normative attainment needs to be placed in a social context, recognising the child as an individual: 'it is increasingly recognised that alongside a developmental perspective, there is an ecological perspective of children's development' (2006, p.23) including family, friendships, school and their place in the community. Further Aldgate (2006) argues that this model views children as playing a part in their own development, with an emphasis on their strengths, resilience and potential. This focus on child's developmental needs and the ecological approach is central to the *Assessment Framework* (Aldgate, 2006).

### ***Thresholds***

The shift towards prevention and early intervention is embedded within *Every Child Matters* and the *Children Act* (2004) and latterly, the *Common Assessment Framework* (CAF) and *Working Together* (2010) guidance. The CAF, providing a framework for early intervention was intended to 'shift thresholds downwards' towards a focus on prevention and avoid the problem of waiting for problems to worsen before meeting the threshold for Children's Social Care (Brandon et al., 2008). However, in Brandon et al.'s (2008) study there was often a pre-occupation with threshold levels into and between service boundaries and with which professional group was responsible for a child.

Turney et al. (2011) suggest that studies indicate that the point at which an assessment is initiated depends on the nature and quality of available information about a family, the reasoning strategies employed by practitioners to analyse the information and systems and organisational factors (including thresholds, resources available, time constraints, case management procedures and pressures to ration services). They note that studies indicate that limited resources and work pressure can result in raising thresholds in order to ration responses. Similarly, Broadhurst et al. (2010, p.358) found that a 'referral must meet *local* eligibility criteria that are based not just on the nature and relevance of the concern, but also on team-specific factors reflecting available staffing and resources'. Thresholds then are not static but can vary between local authorities. Farmer and Lutman (2010, p.3) found that, in cases of child neglect, high threshold levels for children being subject to a child protection plan resulted in families not receiving services early enough in some authorities. Similarly, Brandon et al. (2008, p.91) suggest that the problem of 'struggling to achieve the threshold for child protection are particularly acute in working with neglect'. Examples of re-referrals not resulting in appropriate follow-up also indicated that thresholds for intervention may be too high (Brandon et al., 2008).

Brandon et al. (2008, p.87) found that when social workers were carrying very high caseloads 'priorities were decided which often led to serious lapses in safeguarding. This included cases being closed without core assessments completed ... and cases which reached the threshold for children's social care help but which remained unallocated'. They also (2008) suggest that high thresholds result in services being withdrawn too quickly. Broadhurst et al. (2010, p.359) found that, within a system dictated by performance timescales and auditing, 'speed practices' could become normalised.

Variations in operational definitions of neglect can also add to concerns about differing thresholds for access to services (Daniel et al., 2009). Brandon et al. (2008, p.24) argue that variations in operationalising neglect results from the way it is described 'because these descriptions do not include early signs and symptoms there may be tendencies both to delay recognition and/or to over-identify behaviour as abusive in order to reach a threshold to attract services'. Thoburn (2000) found that in a quarter of cases to social care as a result of concerns about neglect and emotional abuse, the majority of professionals over-estimated the extent of neglectful behaviour but underestimated the proportion of children whose emotional development would be impaired if services were not provided (cited in Brandon et al., 2008, p.24).

### ***Engaging parents in assessments***

Research has highlighted that the degree of co-operation and engagement with parents can affect the quality of the assessment and outcomes. Lee and Ayon (2004, p.357) suggest that the 'ability to openly communicate and frequency of visits with the worker were predictors of a positive relationship'. Cleaver et al. (2007, p.9) found that parents felt the quality of relationship depended on social workers treating them with respect, being open and honest, listening and involving them in the assessment. Further they 'appreciated sympathetic social workers who took time to read, explain and discuss with them the assessment, decisions and plans'. An effective assessment is facilitated by good relationships, helping parents to disclose information and co-operate (Munro, 2008).

Brandon et al. (2009, p.47) highlighted that sometimes making efforts not be judgmental could result in a failure to exercise professional judgment. There was reluctance among many practitioners to make negative judgments about a parent: workers were 'keen to acknowledge the



successes of the often disadvantaged, socially excluded parents who were using their services’.

Farmer and Lutman (2010) highlight that working and engaging with neglectful families can be challenging. They found that 40% of cases were closed as a result of workers’ difficulties in engaging parents although there was clear evidence of ongoing family difficulties. Similarly, Dalzell and Sawyer (2007) argue that families withholding information can limit a needs-led approach. Brandon et al. (2009, p.44) suggest that ‘where families are hostile or hard to engage practitioners can have low expectations of what can be achieved. Sometimes just getting through the door feels like a major achievement and there is little energy left to use the time with the child or family productively’. Brandon et al. (2009) further argue that parents may have low expectations and a lack of trust with agencies. Cleaver et al. (2007, p.9) found that ‘practically half the parents were *either* unaware of the assessment *or* felt key issues, particularly the problems they were personally experiencing, had not been discussed’.

### ***Use of judgement and analysis***

Being able to assess well is a complex activity involving the systematic gathering and analysis of information. This information can be partial, complex and multi-faceted and at times contradictory (Turney et al., 2011). Horwath (2007b) suggests that professionals need to pay attention not only to the task of the assessment but the assessment process. Making sense of information requires a strong theoretical and research based approach (Horwath, 2007b). Turney et al. (2011) argue that a good assessment requires critical, analytical and reflective thinking. Dalzell and Sawyer (2007, p.9) highlight the importance of ‘developing a critical and reflective mindset’. Turney et al. (2011) cite Munro’s (2008, p.12) discussion of intuition within the reasoning process. Within intuitive reasoning, emotion is key: ‘particularly in relation to empathic understanding ... judgements reached intuitively are often found

convincing because of the 'feeling' that they are right'. Analytical thinking in contrast is 'conscious and controlled, using formal reasoning and explicit data and rules to deliberate and compute a conclusion' (Munro, 2008, p.11). Munro (2008) warns that a major problem in intuitive reasoning is reliability. Turney et al. (2011) argue that although intuition has a place in reasoning processes, it is prone to bias and can lead to 'premature judgements'. However, Munro (2008) argues that critical examination of intuition can improve reliability. She argues that both intuitive and analytic understandings can co-exist, rather than viewing these two forms of understandings as rival dichotomies, there are interconnections between the two.

Horwath (2007b) argues that different types of judgements are made at different parts of the assessment process. 'Holding' judgements are often made at the point of referral. They can offer a 'quick fix' without considering the underlying problems: 'The family is literally put on hold until an incident occurs that is considered to be sufficiently significant to warrant more detailed work' (Horwath, 2007b, p.165). Horwath (2007b) suggests that an 'issues' judgement is based on a more thorough analysis of the information gained using the *Assessment Framework*. Further 'strategic' judgements are made when professionals decide how to respond to the needs of the family and plans that promote and safeguard the child's wellbeing. 'Evaluative' judgements should also be used in order to evaluate the effectiveness of interventions in place (Horwath, 2007b).

However, there are a number of challenges to analytical assessments relating to neglect. As 'neglect is multi-faceted, professionals can be overwhelmed by both the amount of information obtained and also the significance of the information' (Horwath, 2007b, p164-5). Furthermore, within Dalzell and Sawyer's (2007) study, mental health issues and substance misuse were considered difficult areas when analysing information. Brandon et al. (2009, p.41) suggest that 'the chaotic behaviour in families can be mirrored in professionals' thinking and

action'. Dalzell and Sawyer (2007) also found that only a minority of professionals thought that there was enough time and opportunities in team meetings to reflect on the decisions they had reached in their assessments. Although the majority of professionals drew on theories (for example, attachment or theories of child development) the use of these theories was not made explicit within the completed assessment. In contrast, MacDonald and Williamson (2002) found that assessments rarely made reference to a theoretical framework.

Farmer and Lutman (2010) found that often when a decision was made to return children to their parents, this was informed by an over-optimistic view of the possibility of parental change even though histories would suggest otherwise. Many professionals in this study lacked knowledge of key events and the history of a case. Brandon et al. (2008) found that the significance of maternal deprivation, early trauma, abuse or mental illness was rarely acknowledged in cases of child neglect. A common way of coping with overwhelming information in cases of child neglect was to 'put aside knowledge of the past and focus on the present in what we have called the 'start again syndrome' ... a new pregnancy or a new baby would be seen to present a fresh start' (Brandon et al., 2008, p.72). This prevented an understanding of a neglect case 'informed by the knowledge gleaned from past history' (Brandon et al., 2008, p.104).

### ***Unbalanced assessments***

Horwath (2002, p.199) suggests that 'professionals who undertake assessments are expected to pay equal attention to the three sides or domains of the triangle in order to safeguard and promote the welfare of the child'. However, assessments are being completed in a way that the triangle becomes 'lopsided'. For example, the 'primary focus of the assessment can become the assessment of the developmental needs of the child ... professionals assess the impact of neglect on the child but the causes in terms of parenting capacity and social context are marginalized' (Horwath, 2002, p.199-200). As a consequence

interventions can ignore the issues parents are experiencing and the parenting environment (Horwath, 2002). The child can also become labelled as the focus is placed, for example, on their challenging behaviour (Horwath, 2002).

Farmer and Lutman (2010) found that in half of the assessments they analysed key issues in relation to parenting capacity and family and environmental factors had been marginalized. In particular, parental alcohol and drug misuse, domestic violence and lack of parenting skills had not been addressed in the assessment. Action in neglect cases often awaited an 'incident' of abuse (Farmer and Lutman 2010). In Cleaver and Walker's (2004, p.85) study, referrals relating to financial or housing problems were least likely to progress to an initial assessment, suggesting that 'the impact of environmental factors, such as housing and financial problems on children's health and well-being are not yet fully appreciated'. Only 46 of the 61 multi-problem cases progressed to a core assessment, hence 'a quarter of the children identified as experiencing severe developmental delays, where the parenting was inadequate, and where there were severe difficulties in relation to wider family and environmental factors received no in-depth assessment' (Cleaver and Walker, 2004, p.86)

A lop-sided approach to assessment can also occur towards parenting capacity when professionals comprehend neglect as an omission of care without considering the impact on the child (Horwath, 2002). An overemphasis on parenting capacity can also occur when professionals do not work directly with children in a family context. Empathy with parents can also result in a lop-sided assessment that overemphasises the family and environmental context (Horwath, 2002). Brandon et al. (2008) highlights that much of practice in serious case reviews is static, with the assessment being used in a 'flat' and non-dynamic way. A holistic and ecological description of the case, addressing all three dimensions of the *Assessment Framework* was observed as weak in 76% of the intensive case sample.

Turney et al. (2011) emphasise that it is important the dimensions of the assessment triangle are not viewed as discrete categories but that systematic thinking should be used to explore interconnections. Brandon et al. (2009, p.16) advocate a 'transactional ecological' approach in order to 'make sense of inter-acting risk factors'. An ecological explanatory view of parent-child interaction should allow professionals to spot warning signs at an earlier stage based on less information (Brandon et al., 2008). However, Brandon et al. (2009, p.16) warn against making causal connections between 'characteristics of children or their parents and the likelihood of serious injury or death'. The ecological transactional approach shows practitioners 'how complex and multi-faceted the cases are', making 'interpretation of the findings equally complex' (Brandon et al., 2009, p.1).

### ***Multi-disciplinary assessments***

The multiple and complex problems often inherent in neglect cases are such that different agencies and professional groups are required to collaborate to provide a co-ordinated approach (Cleaver et al., 2007). However, Cleaver and colleagues (2007) found that services for domestic violence and alcohol and drug misuse were not routinely involved in assessments and there was little evidence that social workers' decision-making was informed by the expertise of these specialist agencies. Dalzell and Sawyer (2007) found a reluctance on the part of many professionals from the wider professional network to take an active role in assessments and difficulties gathering information from other agencies. MacDonald and Williamson (2002) discovered that assessments rarely drew together information from different sources or made it explicit who had contributed to the assessment. Horwath (2007b) also found that not all relevant professionals were contacted in assessments and there was no indication as to why certain professionals were excluded.

Cleaver et al. (2007) found that the way in which different agencies are perceived hampers inter-agency working. For example, children's services were perceived as having different and sometimes conflicting priorities, difficulties around confidentiality and information and differing timescales. Horwath (2002, p.207) also suggests that the guidance about sharing information under the Data Protection Act (1998) lends itself more to 'incidents' rather than ongoing concerns about neglect. She suggests that professionals 'have no opportunity to share their concerns unless a specific incident occurs that takes the case over the threshold of 'public interest in child protection''.

### ***Assessment records***

Developments in ICT to regulate and standardise social work practice occur in the context of increasing bureaucratisation, managerialism and modernisation. In this context the completion of assessments within online databases has been open to critique. Parton (2009, p.719) argues that in striving for objective and clear decision making, subjects identities are deconstructed and then reassembled according to the requirements of the database: 'the subjectivity and social context of the client can be deconstructed into a variety of lists and factors associated with, in particular, 'need' and 'risk.' Categorical thinking, based on the binary either/or logic, dominates which puts individuals into categories and in the process obscures any ambiguities'. Parton (2009, p.718) indicates that such systems encourage the gathering of 'information' rather than 'knowledge'. He suggests that *knowledge* operates at a mental level and it not yet objectified, whereas *information* is more disembodied and decontextualized. Hence 'information becomes more available and accessible and in the process the systems, the professionals and the decisions they take become, in theory, more transparent and accountable' (Parton, 2009, p.718).

The Assessment records developed as part of the *Assessment Framework* offer a developmental approach to the recording of children's

needs (Cleaver and Walker with Meadows, 2004). However, Horwath (2002, p.204) found that: 'practitioners and frontline managers tended to use the forms as an information-gathering tool and analysis was marginalized'. Cleaver and Walker (2004, p.87) also discovered that 'where practitioners were unfamiliar with the records some used them more rigidly than intended and the records dominated the practice ... as a result in some cases the records were administered as questionnaires to families'.

### ***Timescales***

The importance of a 'timely' assessment has been recognised by Munro (2011, para. 2.1) who states that 'from a child or young person's point of view, the earlier help is received, the better'. Embedded within the modernisation agenda, timescales were introduced as part of the *Assessment Framework* and enshrined within the *Quality Protects* (DoH, 1998) initiative. However, whilst the desire to reduce delay for children and families is laudable, there may be inadvertent negative consequences. For example, the emphasis for social workers and managers can become meeting timescales rather than the quality of the assessment (Horwath, 2002). Further, Broadhurst et al. (2010) argue that timescales, especially for initial assessments, has pushed workers into making quick categorisations. Rigid timescales are particularly problematic in cases of neglect which are often chronic, complex and multi-faceted (Stone, 2003). Time limits of the assessment and a lack of time in general hindered a needs-led assessment in the findings of Dalzell and Sawyer's (2007) study. An over-emphasis on bureaucratic procedures and processes adversely impacts on relationship building and face-to-face contact. Munro (2011, para. 1.11) reflects that the driving force behind bureaucratic demands on social workers, including prescription and documentation have been to improve 'social work practice' and increase 'transparency and accountability'. However, she recognises that this has led to the over-standardisation of practice and the undervaluing of social workers' skills. The problem becomes how to

find a balance between prescriptive rules and professionals' judgement and expertise (Munro, 2011).

In the context of rigid timescales and high caseloads practitioners can feel overwhelmed in terms of the volume of the work and the nature of the work itself. Brandon et al. (2009, p.44), for example, argues then that 'it is not necessarily *sympathy* for parents that produces low expectations ... Instead, or in addition, it may be that professionals are too overwhelmed to raise their expectations'. Horwath (2002, p.201) highlights how 'staff who work in under-resourced services with many staff vacancies and high staff turnover are inevitably going to feel stressed. This in turn can result in workers using coping mechanisms that will distort assessments'. Departments can also be reliant on inexperienced workers. In this context many professionals do not have the knowledge or skills required (Horwath, 2007b). The demand for services means that assessments can become crisis-driven and incident-led: 'workers can be so hard pressed that the focus of the work tends to be hard, visible end of child protection – crisis-driven and incident-led' (Horwath, 2002, p.206). As a result cases of neglect are 'going to the bottom of the pile' (Horwath, 2007b, p.159).

### ***The invisible child***

Given that 'direct observation of the child in cases of ... neglect provides information regarding family interaction ... listening to and observing those interactions are at the core of trying to make sense of what is going on for the child in the family system' (Horwath, 2002, p.209). However, despite this centrality, the literature highlights that the child is often not seen. Brandon et al. (2009) stresses that the 'invisible child' is a theme of most serious case reviews. She suggests that there are different interpretations of invisibility within the literature, including: young people who were insufficiently consulted or spoken with, siblings not being interviewed, young people not seen because they were out of the home or kept out of sight, and children who chose not to or were unable to speak because of disability, trauma or fear. This is also a finding reflected in Horwath's work. When undertaking training for social work practitioners



she found (2002, p.208) that social workers 'did not, as a matter of course undertake direct work with children when assessing the needs of the child'. Likewise, Dalzell and Sawyer (2007) found that it was not clear how much contact social workers had with children and in what context. Holland (2011) argues that an overriding focus on adults can lead to an exclusion or marginalisation of children. Further Turney et al. (2011) reflect that some parents can make it difficult for professionals to see the child and can also overwhelm the professional with their own difficulties and issues. Horwath (2002) found that high workloads and tight timescales meant that there was not enough time to establish a meaningful relationship with children. Munro (2010) has also suggested that within an over-bureaucratized system the capacity of social workers to spend time with children and develop meaningful relationships has been reduced.

Even when they are involved in assessments, children's voices and views may not be given much weight. Holland (2011) found that child development was reported unproblematically, with children often portrayed through the use of developmental charts. Children were viewed in terms of how they 'fitted' with a certain tool rather than through close observation and using the tool as an aid to analyse behaviour or experiences (Holland, 2011). Children's needs were presented as standardised and prescriptive. Whilst all assessments referred to an assessment of attachment, this was largely limited to observations of contact sessions. Observation of parent child interactions can be a poor way of being child-centred. As Kemshall (1993) suggests, observation is not value-free but is affected by my values, assumptions, and context. An 'observer effect' (Le Riche and Turner, 1998) can also occur with the parent changing their behaviour in the presence of an observer. There is a danger that filtering can occur based on 'prior expectation by the observer' (Le Riche and Tanner, 1998, p.76).

Holland (2011, p.97) found that children remained 'minor characters' within assessments and decision-making. Sometimes children's views

were presented in a way to imply a lack of reliability, social workers 'face a difficult task of judgement when children's views do not appear rational or sensible to adults' (Holland, 2011, p.100).

By contrast, Dalzell and Sawyer (2007) outline some helpful questions to be considered in order to promote a child-centred assessment. They encompass asking how well the professional knows the child, views, feelings and wishes; what the child's key worries are; how the child has defined problems in their family and the effects on them; when children have shared information in what circumstances has this occurred and what do they want to happen; what has been observed and does this raise any concerns; how the child might be affected by their experiences in relation to research and what communication methods have been employed in gaining views and feelings. In addition to communication methods, Jones (2003) identifies some core skills which practitioners need in order to communicate effectively with children including emotional warmth, respect, empathy, listening and understanding.

### **Summary and conclusion**

Although the literature has highlighted that the *Assessment Framework* and associated principles offer a promising opportunity in terms of neglect, key debates have emerged which raise problematic issues and constraints to quality assessments. A key finding is that there is often a pre-occupation with threshold levels into services, which vary dependent on factors including work pressures and limited resources. Further the chapter has revealed a number of challenges to analytical assessments in relation to neglect including professionals becoming overwhelmed by information and a lack of opportunity to reflect on assessment decisions. Assessments can also become 'unbalanced' without equal consideration given to each of the assessment dimensions. The impact of managerialism and bureaucratisation on the assessment process, including the standardisation and objectification of service user experiences, adherence to rigid timescales and high caseloads has also

emerged. The theme of the 'invisible child' also featured within this review. This leaves me with a range of issues to investigate in my study on the assessment of neglect. It will be important to examine evidence of the assessment principles (for example, the 'child-centred' principle) in a sample of assessments. It will also be important to gather information from professionals about the challenges they experience in assessing neglect as well as any positive opportunities the *Assessment Framework* offers. Crucially, my study will also explore how parents themselves experience the assessment process.

## **Chapter 4: Interventions**

Despite the high precedence of neglect there is limited research into intervention models (Chaffin and Friedrich, 2004) and less is known about how to prevent or address neglect than other types of child maltreatment (Dubowitz, 1999). Despite a paucity of studies that examine the effects on reducing or preventing child neglect, measures of parenting and family functioning can indicate important insights regarding child well-being (Howard and Brooks-Gunn, 2009). Although there are few neglect-specific interventions, there is a range of interventions that aim to improve outcomes for disadvantaged families in general which may be useful in specifically targeting neglectful families (Moran, 2009). This chapter begins by exploring evaluations of programmes specifically focused on parents. It then explores the UK context, specifically the influence of Sure Start and parenting programmes. In addition, it outlines specific interventions available for neglected children and more specialist services for neglectful families. The chapter also considers the implications of these approaches in terms of working with families where neglect concerns are highlighted.

### **Evidence based programmes**

#### ***Eco-behavioural programmes: Project 12-Ways and Family Connections***

Cognitive behavioural programmes are based on the premise that many difficulties we encounter are the result of maladaptive learning. If this is the case, it is possible that 'undesired ways of behaving can be unlearned and desirable ones learned' (Macdonald, 2005, p.283). Cognitive behavioural interventions are based on learning theory and include modelling, instruction, practice feedback and positive reinforcement (MacDonald, 2005). An ecological approach views maltreatment in the context of the interaction of risk factors at individual, family, environmental and cultural levels (Lutzker et al., 1998). Such an

ecological model recognises that multiple factors contribute to child maltreatment and takes into account the multiple problems parents face including lack of social support, poverty, resources, stress (Gershater-Molko et al., 2003). The approach also views child abuse and neglect as a multi-faceted problem that requires a multifaceted assessment, treatment and prevention (Lutzker et al., 1998). MacDonald (2005) indicates that the term that usually describes interventions which combine cognitive behavioural and ecological theories is 'eco-behavioural'.

The Project 12-Ways/SafeCare model is among the most widely studied and evaluated eco-behavioural approach (Chaffin and Friedrich, 2004; MacDonald, 2005). This model incorporates twelve services including basic skills training, stress reduction, assertiveness training, money management, home safety and job training (Gershater-Molko et al., 2003). A multitude of studies have indicated that the model is successful in reducing child maltreatment, but few randomised controlled trials have been conducted (Chaffin and Friedrich, 2004). For example, Lutzker et al.'s (1998) single case study tested the effectiveness of Project SafeCare, which incorporates three components of Project 12-Ways: home safety, infant and child healthcare and parent-child training. The programme lasts for 15 weeks and comprises role-play, modelling, observation, practice, feedback and homework assignments (Lutzker et al., 1998). Although improvements were small they demonstrated that 'parent-child interactions training component which involved training in planned activities training ... resulted in improvements in parent and child interactions and the parent's use of planned activities training' (Lutzker et al., 1998, p.181). Gershater-Molko et al. (2003, p.383) examined pre and post differences in the three components of Project SafeCare for all families who completed each component. They discovered that 'each intervention was highly effective in improving parenting skills, child health-care skills and the safety of the homes for children of the maltreating families'. However, they also reflected that many families referred to Project SafeCare rejected services after the initial referral and displayed high rates of attrition.

The Family Connections programme is theoretically underpinned by Bronfenbrenner's model of social ecology. The programme is a 'multifaceted, community-based service ... that works with families in their homes and in the context of their neighbourhoods to help them meet the basic needs of their children and reduce the risk of child neglect' (DePanfilis and Dubowitz, 2005, p.110). Support includes emergency assistance, home-based interventions, referrals to other services (for example, substance misuse treatment) and recreational activities (DePanfilis and Dubowitz, 2005). DePanfilis and Dubowitz (2005) found that parents and children demonstrated improvements in several measures of risk for neglect and child safety six months after the intervention. However the authors stress that although significant, findings were modest 'pointing to the immense challenges to programs ... attempting to address complex and difficult situations' (DePanfilis and Dubowitz, 2005, p.121). Hence, in addition to community-based programmes, it is important address the underlying, systemic problems that compromise family functioning.

### ***Home visitation programmes***

MacMillan's (1994) systematic review identified randomised controlled trials of the effectiveness of interventions aimed at preventing physical abuse and child neglect. While many of these programmes 'did not show a reduction in physical abuse or neglect, there is evidence that extended home visitation can prevent physical abuse and neglect among disadvantaged families' (MacMillan, 1994, p.835). The highest rating within the review was given to a randomised trial of nurse home visitation programme undertaken by Olds et al. (1994). The programme involved home visitation of mothers that began during pregnancy and had specific goals in relation to the health and development of the infant: the prevention of poor pregnancy outcomes and subsequent health and developmental problems and improving (primarily the mother's) own lifecourse (Olds et al., 1998). The trial found that 19% of poor, unmarried teenagers in the comparison group abused or neglected their children

during the first two years after delivery, as opposed to 4% of those visited by a nurse (Olds et al., 1998). The nurse-visited group lived in a home with fewer safety hazards and had more intellectually stimulating toys and reading material (Olds et al., 1995). Overall, the nurse visited group were less likely to receive emergency hospital treatment or to visit either a doctor or emergency department for injuries and ingestions from 12 to 24 months than the control group (Olds et al., 1998). In addition 'for poor, unmarried teenagers in the comparison group, as their sense of control declined, the rates of child maltreatment increased substantially in the comparison group, but not in the nurse-visited group' (Olds et al. 1998, p.11). Newer data from a 15 year follow-up study revealed that there was a 48% lower incidence of child abuse and neglect in families who had participated in the programme (Goodman, 2006). MacMillan (1994, p.854) concludes that 'among the perinatal and early childhood programmes there is evidence that extended home visitation can prevent child physical abuse and neglect among families with one or more of the risk-markers'.

### ***Head Start/Early Start***

Early Start was developed in the US in 1995 for low-income pregnant women and families with infants and toddlers (Love et al., 2005). The programme adopts a social learning model to home visitation during the preschool years aiming to enhance children's development while strengthening families (Love et al., 2005). The model encompasses an assessment of family needs, strengths, and resources underpinned by a partnership between the family support worker and client. The emphasis is on collaborative problem solving, the provision of practical support, mentoring and advice to encourage families to draw on strengths and resources (Fergusson et al., 2005). Family support workers visit the family home to maximise child and family health and well-being through improvements in child health, parenting skills, supporting parents physical and mental health, encouraging family economic well-being and

encouraging positive partner relationships (Fergusson, 2005). Programmes can select home-based or centre-based support or a combination of the two (Love et al., 2005).

Fergusson et al.'s (2005, p.807) randomised controlled trial of Early Start in New Zealand suggested that although parents in the Early Start programme reported a lower rate of severe child assaults than the control group 'this trend was not reflected in rates of contact with official agencies for concerns relating to child abuse and neglect'. Comparisons revealed that families in the Early Start programme showed improved take up of child health services, a reduction in rates of hospital attendance for injury/poisoning, increased preschool education, increased positive parenting and reduced rates of early problem behaviours (Fergusson et al., 2005). In a later randomised controlled trial of the same programme, Fergusson et al. (2006) found that although there were clear parenting and child related outcomes as described in the first trial, there was no evidence to suggest that the programme had a positive impact on family-related outcomes, including maternal health, family functioning, economic circumstances and family stress. They suggest that the 'programme seems to work by promoting "new learning" in areas related to child health, education, and parenting, rather than by changing longstanding family difficulties' (2006, p.785).

Similarly, Love and colleagues' (2005) RCT of the programme revealed clear parenting and child development benefits, with positive impacts on children's cognitive and language development and on parental support for language and learning. Impacts were greater for those families who attended 'mixed-approach' programmes, combining home and centred based services (Love et al., 2005). A randomized control trial of the Hawaii Health Start Programme found that the programme and control group were similar on most of the measures of maltreatment having only a very modest impact in preventing neglect (Duggan et al., 2004).



## **Sure Start and parenting programmes**

Support for parenting was given increased emphasis in UK under successive Labour governments (Broadhurst, 2009). Parenting practices 'moved from a largely private issue to the centre of public, political concern' (Edwards and Gillies, 2005, p.2). Since the Green Paper *Supporting Families* (Home Office, 1998) effective parenting is increasingly viewed as the solution to a range of problems (Broadhurst, 2009). Specifically, *Every Child Matters* links the five priorities to good parenting (Broadhurst, 2009). Further *Every Parent Matters* (DoH, 2007, para 2.1) stresses that: 'Parents' influence is important throughout childhood and adolescence. At different times parents guide, encourage and teach. Children learn from the example set by their parents. The support parents give for their children's cognitive development is important, as is instilling of values, aspirations and support for the development of wider interpersonal and social skills'. Parenting Skills Training was central to Labour's approach providing 'expert' guidance to improve parenting capacity and encourage parents to engage in their children's learning. This was signaled through the creation of the National Family and Parenting Institute, the development of Parentline Plus and Sure Start (Broadhurst, 2009; Edwards and Gillies, 2005). The current government has upheld an emphasis on parenting programmes through the Can Parent initiative introducing classes offering advice on nutrition, behaviour and development, with suggestions that children's centres and home visitors should encourage parents to attend as a matter of routine (The Guardian, 2012).

### ***Sure Start: background***

Sure Start aimed to improve outcomes for disadvantaged children and families in general rather than being specifically designed and targeted at neglectful families (Moran, 2009). Sure Start was influenced by research evidence of RCTs and quasi-experimental studies of early years interventions that showed benefits for disadvantaged children, the

importance of good child health and of community development (Melhuish and Hall, 2007). By intervening in the lives of young children in areas of high deprivation, Sure Start aimed to prevent children's social exclusion in adulthood (Clarke, 2006). As Belsky and Melhuish (2007, p.133) elaborate, Sure Start 'intended to break the intergenerational transmission of poverty, school failure and social exclusion by enhancing the life chances for children less than four years of age growing up in disadvantaged neighbourhoods'. The ecological model of parenting (Belsky, 1993) in the context of research that attempts to discover models for predicting and preventing child abuse, informed discussions on social exclusion that informed part of the review (Clarke, 2006) prior to Sure Start implementation.

Sure Start aimed to improve the social and emotional development of children, children's health, children's ability to learn and to strengthen families and communities (NESS, 2010). This was to be achieved by providing increased childcare availability through pre-school education and nursery care; supporting parents in employment and careers (Clarke, 2006; Moran, 2009); outreach and home visiting; providing support for families and parents; primary and community health care and advice about child/family health and development and support for people with special needs, including help getting access to specialised services (DoH, 2002). Although not specifically designed to tackle neglect, Sure Start addresses several of the factors that are thought to contribute to child neglect (Moran, 2009).

Sure Start is a multi-faceted programme that attempts to adapt existing services, introduce new services and importantly improve co-ordination between agencies (Moran, 2009). Sure Start Local Programmes (transformed into children's services in 2006) strived to improve 'the health and well-being of families and children before and from birth, by working in partnership with mainstream services to provide holistic, integrated services for children and families' (Carpenter et al., 2005, p.4). A partnership approach aimed to bring together 'health, social services,

education, the private sector, the voluntary sector and parents' (Melhuish and Hall, 2007, p.13). Sure Start services include childcare, children's centres, health and family support, neighbourhood nurseries and local programmes including family support, nurturing advice and early learning opportunities (Moran, 2009).

### ***Effectiveness of Sure Start***

Findings from studies evaluating the effectiveness of Sure Start are mixed (Moran, 2009). Broadhurst (2009) also indicates several significant problems with evaluations of Sure Start identified within the literature: families most in need are least likely to participate, the evaluations are narrowly focused on desired effects of services without insights into the impact on the 'ecology' of parenting and services are rapidly changing rendering a longitudinal study.

Findings from the first phase of the National Evaluation of Sure Start (NESS) Impact Study revealed that Sure Start Local Programmes (SSLPs) appeared to affect family functioning to a modest extent: households of mothers of nine month olds were less chaotic and mothers of 36-month-olds more accepting of their children's behaviour (Belsky and Melhuish, 2007). In Melhuish et al.'s (2008) quasi-experimental observation study, children in the SSLP areas showed better social development than those in the non-SSLP areas, with more positive social behaviour and greater independence. Families in the SSLP areas also showed less negative parenting, provided a better home-learning environment and used more services for supporting child and family development (Melhuish, 2008 et al). More recent studies have provided evidence for positive parent outcomes but less so in terms of child outcomes. The NESS (2010) study which made comparisons between five year old children and families living in SSLP areas and those living in similar non-SSLP areas found that in SSLP areas children had better

physical health than those in non-SSLP areas. Further mothers in SSLP areas reported providing a more stimulating home learning environment for their children; providing a less chaotic home environment for their children; experiencing greater life satisfaction and engaging in less harsh discipline (NESS, 2010). Compared to earlier studies these results raised 'the possibility that the value of Sure Start children's centres is improving, but greater emphasis needs to be given to focusing services on improving child outcomes, particularly language development' (NESS, 2010, p.9). A more recent study by the NESS team (2012) supported findings of the NESS (2010) study.

Of significance to child neglect, the NESS key indicators of the impact of SSLPs include the number of referrals to social services of children and young people; numbers on the Child Protection Register (CPR); and in the number of children being 'looked after' by local authorities (Carpenter et al., 2005). In Carpenter et al.'s (2005) study exploring the impact of Sure Start on social services it was discovered that Sure Start principles were evident in the SSLPs in the study, providing a range of preventative, non-stigmatising services and were making efforts to engage 'hard to reach' families. However, although 'In collaboration with social services, they were providing support to 'children in need' and their families and contributing to child protection plans' there was no 'statistical evidence of an impact of SSLPs on referrals to social services and on CPRs within the four local authorities' (Carpenter et al., 2005, p.49).

### ***The politics of parenting***

New Labour defined social exclusion as intergenerational, resulting from child poverty (Clarke, 2006). New Labour's operation under the development of what Giddens coins the 'social investment state', promoted an investment in human capital rather than direct economic maintenance (Lister, 2006), with children becoming the main investment. As Prime Minister, Tony Blair famously pledged to end child poverty

during the 1999 'Beveridge lecture', a stance reinforced by Gordon Brown (2000) as Chancellor: tackling child poverty is the 'best anti-drugs, anti-crime, anti-deprivation policy for our country' (cited in Lister, 2006, p.317). Policies for combating social exclusion were both structural and behavioural (Clarke, 2006). There was some continuity from previous Conservative approaches to cycles of deprivation. Disadvantage was viewed, at least in part, as a result of maladaptive cultural norms (Broadhurst, 2009).

At a structural level New Labour introduced policies that sought to address inequalities (for example, through redistribution through tax and benefits system) and also policies to address individual behaviour and development, primarily through Sure Start (Clarke, 2006). Further, Broadhurst (2009) emphasises that although the *Every Child Matters* agenda and the ecologically underpinned *Assessment Framework* stress the inter-connectedness of issues including socio-economic disadvantage that impact on parenting capacity, New Labour's 'programme of parenting support focuses intervention narrowly on individual lifestyle and behaviour' (p.112).

Clarke (2006, p.701) suggests that the trans-generational idea of social exclusion has 'found practical expression in interventions that aim to change parenting practices in poor families', mainly through a focus on the mother. Services have tended to reflect prevailing middle class conceptions of motherhood. Responsibilities to caregiving and, as a consequence, poor mothers whose behaviour does not conform to the dominant motherhood ideology are 'construed as exhibiting pathological behaviour resulting from a combination of ignorance and moral deviance' (Clarke, 2006, p. 701). These 'at risk' families (or mothers) are viewed as most likely to re-produce 'cycles of deprivation' that are often on the receiving end of targeted parenting support (Broadhurst, 2009). Trans-generational ideologies continue to prevail exemplified within David Cameron's stance on parenting: "Parents are nation-builders. It's through love and sheer hard work that we raise the next generation with the right

values ... This is not the nanny state – it's the sensible state ... Families don't just shape us as individuals, they make a stronger society" (The Guardian, 2012). The individualised approach was also seen in response to social unrest and urban riots in the Summer of 2011, blamed on troubled families and a broken society.

Hence, although New Labour acknowledged the negative impact of 'multiple factors at the level of neighbourhood ... on the other hand the majority of safeguarding activity serves to identify and abstract the individual family from this context ... children's services play a key role in locating causality within individual families' (Broadhurst, 2009, p.122). For example, one of the objectives of Sure Start is improving health. Although referring to 'parent' there is a particular focus on maternal behaviour (Clarke, 2006). The targets imply that 'the care parents provide for their children is the reason for poorer child health among poor families. Other factors such as damp housing, overcrowding and inadequate incomes that affect both children's health and parental ability to cope ... become part of the context to which parents must adapt, rather than causes of poor health to be addressed directly' (Clarke, 2006, p.713). The current government's focus on individualised causality occurs within a context in which welfare reforms and introduction of the universal credit will potentially push thousands of children further into poverty (Gentleman, 2012) and reports that children are arriving at school and at children's centres hungry (Cohen, 2012). These reforms, which include cuts to Sure Start and other early intervention initiatives, are hardly conducive to the emphasis and importance on the 'family' purported and of parents as nation-builders.

### ***Parenting programmes: 'expert' advice and standardised responses***

Given the prominence and societal importance of responsible parenting, parents are posed as in need of 'support' and instruction from expert sources ... education and advice from experts, especially in

statutory/voluntary partnerships' (Edwards and Gillies, 2005, p.3). The idea that parents can 'learn' how to be responsible underpins this approach (Edwards and Gillies, 2005). Broadhurst (2009, p.116) argues that the parenting support agenda has endorsed the 'central role of the expert in providing advice for parents, practitioners and agencies' with Sure Start and other initiatives offering 'templates' of good parenting and expert advice in order to maximise parenting capacity. Within parenting skills programmes (for example Triple P, the Nurturing Programme) parents are given 'expert' advice on for example, children's behaviour. Implicit in these programmes is the 'assumption that parenting can be reduced to the acquisition of a set of skills or a toolkit' (Broadhurst, 2009, p.117). Hence parenting programmes have become 'increasingly standardised offering a uniform model of what is held to be good parenting' (Broadhurst, 2009, p.118). In this context good parenting is regarded as a question of 'technique' instead of about the quality of relationships (Clarke, 2006). Clarke (2006, p.708) argues that there is danger of assuming that parents 'behaviour can be broken down into proximal causes, which produce particular effects in children, and which with appropriate modification, can produce the desired outcomes'.

Despite holistic underpinnings of Sure Start, parenting programmes can lead to a mechanistic view of prevention and the 'micro-management of proximal variables ... for example, to a concern with the provision of toys or books in the home, but without addressing the more complex ... effects of low income, whose relationship with reading ability may be less obvious' (Clarke, 2006, p.707). Programmes ignore the 'complex relationships and contexts that structure parenting' (Broadhurst, 2009, p.117). Information and advice will do little, for example, to ameliorate poor housing (Broadhurst, 2009). This has severe implications for responding to neglect, viewed as a breakdown in relationships and as correlated to poverty. Research has identified that parents can experience parenting advice and professional expertise as an intrusion (Edwards and Gilles, 2005) or as undermining their confidence (Broadhurst, 2009). Further, of significance to neglect, parenting

programmes have experienced problems with attrition for more disadvantaged groups (Broadhurst, 2009). Middle class parents who 'actively seek out parenting advice are more likely to view themselves as consumers of parenting services. In contrast, referred parents ... may be less receptive to advice offered (or imposed)' (Broadhurst, 2009, p.117). Further, Edwards and Gilies (2005, p.3) suggest that 'support as pedagogic instruction also shades into authoritarian control; those parents who cannot see their need for services giving advice and education will be made to see it'. The 'mandate for change' can result in sanctions for those who are unable to change and improve their parenting skills (Broadhurst, 2009). There exists then a tension between the voluntarism of universal services (Clarke, 2006) and more authoritarian control. Suggestions have also been made that Sure Start centres, dependent to some extent, on local authority funding, are increasingly targeted, with 'considerable pressures to narrow or even close their gateways and to decrease the range and accessibility of their services' (Quinton, 2004, p.256). The majority of centres are dependent on local authority funding to some extent (Quinton, 2004).

### **Interventions with children**

Although some of the programmes discussed have incorporated support for children, few studies have focused on the needs of neglected children (MacDonald, 2005). Fantuzzo et al. (1987) assessed the effectiveness of a peer social initiation strategy with four withdrawn preschool children who were victims of child neglect. Findings indicated that the intervention resulted in significant increases in prosocial interactions for the withdrawn neglected children in treatment and more generalised settings (Fantuzzo, 1990). In a second study conducted by Fantuzzo et al. (1988), 36 maltreated subjects, predominantly of neglect were randomly assigned to peer treatment, adult treatment and control conditions. Findings 'indicated that children in the peer-treatment condition evidenced significant increases in positive social behavior in treatment' (Fantuzzo, 1990,



p.327). In addition an evaluation of resilient peer treatment (RPT) for victims of physical abuse and neglect indicated that 'RPT resulted in a significant increase in positive interactive peer play and a decrease in solitary play for maltreated and nonmaltreated, socially withdrawn children. Moreover, treatment gains in social interactions were validated 2 months following treatment' (Fantuzzo, 1996, p.1377). Farmer and Lutman (2010, p.2) found that in their study 'older (neglected) children received *more* types of help than younger ones but were also more likely to be receiving *insufficient* support'.

### **Summary and conclusions**

This chapter has highlighted that although there are few interventions that specifically address neglect, there are programmes and interventions, which aim to improve outcomes for disadvantaged children and families more generally. Evaluations of eco-behavioural programmes including Project 12-Ways/SafeCare model and Family Connections have indicated improvements in parenting skills, parent and child interactions, safety in homes and measures of risk for neglect. Evaluations of home visitation programmes also showed some evidence that extended home visitation can prevent neglect. Head Start programmes appear to have some clear parenting and child-related outcomes. In the UK context, findings from evaluations of Sure Start are mixed. Early evaluations revealed that SSLPs have a modest impact on family functioning. Studies have shown evidence of positive parent outcomes but less so in terms of child outcomes. Research on the 'politics' of parenting programmes has revealed that programmes focus on the individual, specifically mothers. Programmes also endorse expert-led and standardised approaches that ignore the complexity of relationships and the social context in which parenting occurs. Very few studies have focused on the needs of neglected children themselves. It will be important to gather information from professionals and within case file data on the types of interventions and responses offered to families. The extent to which these interventions reflect the ways in which professionals would prefer to respond will also

be explored. It also becomes important to examine how interventions are experienced by parents and their recommendations for practice.

## **Chapter 5: Underpinning theory**

In this chapter the theoretical underpinnings to the study will be outlined in detail. The section begins by exploring why I decided not to choose radical feminism and critical theory as a theoretical underpinning. It then proceeds to explore how feminist post-structuralism (including Performativity Theory) and Foucauldian thought informed the study. Links to the key themes from the literature review are also made. It outlines key aspects to feminist post-structuralism and Foucauldian thought, specifically the relationship between subjectivity, discourse, language and power. Transformational possibilities of these positions are also explored. In addition, Foucault's ideas will be explored in more detail, specifically within *Discipline and Punish* (1977). The relevance of his ideas for social work and developments within a neo-liberalist context will be outlined.

### **Critical theory and feminism: a critique of social work and modernism**

Several authors have argued that the foundations of social work stem from the Enlightenment and philosophical stance of scientific positivism (Irving, 1999; Rossitier, 2000), an intellectual position that advocates the 'application of the method of the natural sciences to the study of reality' (Bryman, 2004, p.11). One of the main tenants of positivism is the empiricist premise that only phenomena which can be observed and experienced by the senses can be regarded as real and warranted as knowledge (Blaikie, 1993), advocating the predictive testing of theoretically informed hypotheses through the gathering of 'facts' (Bryman, 2004; Cresswell, 2007). A value free and objectivist ontology underpins this epistemological stance, asserting that 'social phenomena and their meanings have an existence that is independent of social actors' (Bryman, 2004, p.16). Arguably early social work theory, models and research were an outgrowth of the positivist position. The scientific method allowed for the 'discovery' of 'totalising truths' and in seeking 'to provide unitary explanations of human nature' (Rossitier, 2000, p.25), identified normative behaviour, depicted service users as homogenous

and developed theorising which swayed between correcting 'internal landscapes' of individuals or families and social environments (Rossitier, 2000, p.29). This position also influenced research in social work: 'the dominant view in mainstream social work is that objective truth exists and can be discovered by value-free research' (Pease and Fook, 1999, p.11). There has been some suggestion that modernist contentions continue to prevail. Irving (1999, p.31) for example, advocates that 'social work from its origins to the present has located its centre of gravity in these Cartesian foundations of modernism'.

I aimed to select a theoretical position that offered a critique to the rationalities, certainties and essentialist thinking of social work practice. I am particularly sympathetic to feminism rooted in critical theory, which developed as a struggle against grand narratives of Enlightenment and modernity (Benhabib, 1995). As a woman, I am aware of and sympathetic to the challenge to 'masculine' Cartesian knowledge, in which, argues Harding (1992, p345, cited in Irving, 1999, p.31) women could be the objects of masculine observation but never the 'reflecting and universalising' subject. Particular emphasis within the radical feminist approach is placed on women's *experience*, giving voice to patriarchal oppression and questioning positivist assumptions of a single reality and 'truth' to be discovered. Women's language is seen as 'transparently reflecting women's unique experience ... to speak "from experience" has almost unquestionable authority' (Gavey, 1989, p.461). The valuing of women's subjective experience is embedded within 'a more macro analysis of structural disadvantage, or oppression' (Ife, 1999, p.220): radical feminists conceive historical process as 'a dialectical struggle for human liberation' locating the origins of oppression and ... a revolutionary subject' (Sawicki, 1991, p.19). Developing Marx's concept of 'dialectic materialism' (Crotty, 1997), for social feminists, patriarchy as opposed to capital, is viewed as the origin of oppression. The struggles of women become the key to liberation (Sawicki, 1991). An emphasis on women's experience and consciousness-raising becomes a 'political strategy' resisting and challenging the social order (Gavey, 1989).

Critical Theory has particular resonance for social work through its incorporation of both theory and practice, explicitly within the overarching influence of empowerment and anti-oppressive approaches. Radical social work approaches responded to 'traditional' practice and theory, criticised for creating an environment of victim blaming and maintaining the status quo (Pease and Fook, 1999). Understanding the nature of power and oppression on political, economic, institutional and individual levels, characterising groups in terms of difference is central to anti-oppressive practice (Dalrymple and Burke, 1995). Oppression, within this model is characterised through dichotomous pairings, within which one group, has power over the 'other'. The approach seeks to recognise power imbalances and work towards the promotion of change to redress the balance of power (Dalrymple and Burke, 1995). The privileging of professional perspectives is rejected in favour of 'experiential knowledge' (Dominelli, 2002a, p.7) promoting client centredness, participation and partnership (Dalrymple and Burke, 1995). Quoting Friere, the process of 'self-discovery' allows oppression to be recognised and challenged: reality is seen not as a 'closed world ... but as a limited situation which they can transform' (Dalrymple and Burke, 1995, p.15). Service users are viewed as active citizens able to take control of their lives and achieve their own goals (Shardlow, 2002). Emphasis is also placed on social workers engaging in dialogue with service users in order to challenge inequality (Shardlow, 2002) at political, social and economic levels.

The development of social work theory, in particular the solution-focused approach, arguably reinforced and strengthened this shift from more traditional and less radical social work theories, including early conceptions of task-centred and systemic approaches. Again, containing overtones inherent within Critical Theory, the approach, through recognising families' strengths and resources (McKeown, 2000) challenges professional led practice, which, becomes preoccupied with problems and deficits (Blundo, 2001), introducing a plan of intervention based upon 'authoritative' knowledge of causes and treatment of problems. Similarly, the incorporation of reflective and reflexive practice

within the social work curriculum 'suggesting that one cannot 'do' theory or practice in isolation; rather, 'it is a reflexive process of learning by doing and of doing by learning' (Ife, 1999 p.220), echoes Friere's concept of 'praxis'. Developing radical models of social work, which feminist models criticised for a lack of attention to gender issues, feminist models emerged more fully (Pease and Fook, 1999). The incorporation of Critical Theory and radical casework within a practice context is reflected within the academic context, with increased attention to researching and critiquing power relations, state based oppression and the exclusion of certain groups (Gibbs, 2001). Through empowerment orientated action-based, participatory and collaborative research methods, service users become 'experts' in understanding their problems and experiences and their ability to influence policy and practice (Gibbs, 2001).

Although valuing the critical theory approach, encompassing radical feminism, I chose not to adopt it as a theoretical underpinning to my study for several reasons. Through the construction of a 'revolutionary subject' (Sawicki, 1991, p.19) some social feminists have failed to account for the complexities, contradictions and diversities within and between women's experiences. For example, by focusing on the commonalities of oppression and 'women' radical feminism can fail to consider the 'contradictory position of a woman who may be both a victim of male oppression and who has chosen to enact oppression against an 'other' (Fitzroy, 1999, p.91). The study was particularly concerned with presenting multiple and contradictory subject positions. Furthermore, Fraser and Nicholson (1990, p.33) suggest that some social feminist research is embedded within quasi-metanarratives. Categories including sexuality, reproduction and mothering, group phenomenon together: 'quasi-metanarratives hamper rather than promote sisterhood, since they elide differences among women and among the forms of sexism to which different women are differentially subject'. Further, by recognising the existence of 'women' binary differences between men and women are reinforced. This acceptance recognises the dominant system that produces these binary differences reproducing power imbalances and

inequalities. As Fitzroy (1999, p.91) elaborates, through this position radical feminism becomes 'bound by the hierarchical and binary opposites inherited from modernity' which it is critiquing. The subject 'turns out to be discursively constituted by the very political system that is supposed to facilitate its emancipation. This becomes politically problematic ... an uncritical appeal to such a system for the emancipation of "women" will be clearly self-defeating' (Butler, 2008, p.3). Similarly, the concept of power adopted within social work models of empowerment and anti-oppressive practice, has been critiqued as having inherited modernist overtones. By recognising the oppressed 'other' in terms of difference, dichotomous pairings are reproduced. As Parker et al. (1999, p.151) elaborate 'The conceptions of power associated with the 'liberal' and 'socialist' traditions – that is, individually focused and with a powerful/powerless dichotomy respectively – again appear to contribute to, rather than seek to avoid, the 'difference dilemma'. Further, although the concept of empowerment is used for supposed emancipatory goals, several authors have argued that by defining one group as 'powerless' can actually have disempowering effects (Fook, 2002; Parker et al., 1999). Groups become homogenous and differences among them are silenced. Crucially however, the social work literature has argued against 'zero-sum' concepts of power (Dominelli, 2002b). Dominelli (2002b) for example, argues that empowerment cannot be considered as a question of the powerful giving power to those who are not, conceptualised as a 'zero-sum game', but is a two-way process that involves dialogue, sharing power and recognising the power of the 'other'.

### **Feminist post-structuralism and Foucauldian thought**

#### ***Subjectivity***

A feminist post-structuralist and Foucauldian theoretical framework moves away from identifying difference, instead analysing affirming effects of difference that are produced through dominant power structures and systems. Hegemonic discourses are affirmed in the process of disaffirming other discourses. In contrast to an unproblematic acceptance

of an essential *experience* a Foucauldian and post-structuralist feminist stance views subjectivity as constructed through discourse and language (Gavey, 1989; Fawcett, 2000). The feminist post-structuralist position critiques the assumption that the individual has an essential, coherent and unique nature and subjectivity (Gavey, 1989). Similarly, a Foucauldian approach, argues Irving (1999, p.28), allows for 'social work's intellectual heritage of the Enlightenment – humanism, rationalism and science' to be subjected to critique through a rejection of 'certainties' of an external reality that can be discovered and the existence of a 'solid' subjectivity. By adopting a feminist poststructuralist position, it was emphasised that experience has no essential 'truth; but is constructed through language: it is through language that we give voice and apply meaning to our experiences, it becomes the 'place where our sense of selves, our subjectivity, is *constructed*' (Weedon, 1997, p.21). Through this comprehension, the self and identity was viewed not as unified and rational (Gavey, 1989) but as precarious, contradictory and constantly in process (Davies et al., 2006). It is never 'fixed' (Wendt and Boylan, 2008). The existence of an essential female nature is denied (Gavey, 1989). Hence, through an exploration of the performative (rather than essentialist) nature of identities, gender was viewed as something people *do* (Baxter, 2008). It is worth noting here that I am in agreement with Baxter (2008) that of course a material reality does exist. For example, a mother living in severely adverse socio-economic circumstances clearly does not have the same possibilities as a mother living without these challenges. However, the way this experience is understood is through discourses, for example, about motherhood which 'classify and categorise these experiences' (Baxter, 2008, p.4)

Butler's account of gender as a 'performance' that is 'performative' was influential to the study, specifically its understanding of identity categories as a social and political construction rather than expression of 'essentialist' nature (Jagger, 2008). Poststructural feminism is critical of 'logocentrism': the assumption that there are inherent and essential qualities associated with categories of knowledge and the incorporation of



binary categories used within its production (Nuccio and Sands, 1992). Taking this approach, I aimed to question the assumption that 'there is some existing identity, understood through the category of women, who ... constitutes the subject for whom political representation is pursued' (Butler, 2008, p.2). Through this stance gender was seen as a category and social process, as relational (Flax, 1990). Crinall (1999, p.77), in citing Weedon (1997) and Sawicki (1991) argues that 'rather than perceiving male hegemony deriving from structural top-down patriarchy, feminist post-structuralism sees the subjugation of women as a result and function of discursively constructed differences between men and women, not feminine and masculine essentialism'. Similarly, Flax (1992, p.182) argues that within the modern west, gender is constituted through differences: 'differences are also conceived as oppositional ... on a hierarchical, binary and absolute scale .... 'Woman' is defined as and by the cohering of certain elements, always the lesser side of the dualistic pairs'. These elements include the categories of 'nurturing, mothering, taking care of and being in relation with others' (Flax, 1990, p.52). Differences then, and apparent homogenous fixed categories of gender 'appear to generate and are certainly used to justify hierarchies and relations of domination including gender-based (or gender ascribed) ones' (Flax, 1992, p.182). Further, as Butler (2008, p.46) elaborates 'the univocity of sex, the internal coherence of gender' are 'regulatory fictions that consolidate and naturalise the convergent power regimes of masculine and heterosexist oppression'. Adopting Fitzroy's (1999, p.90) position a post-structural framework offered 'a challenge to the traditional assumptions of what or who is a 'man' or 'woman' ' in which 'masculinity is homogenously 'aggressive', which exists in oppositional terms to a 'passive' femininity'. Drawing on performativity theory (Butler, 2008) the study explored how binary relations (for example between male and female) constitute identities, subject positions and discourses (Baxter, 2008).

The model of power offered by critical theory was subject to critique through adopting feminist poststructuralist thinking and Foucauldian

perspectives. The model of power on which critical theory is based is embedded within the following assumptions:

- power is possessed (eg. by a class, the people)
- power flows from a centralised source
- power is repressive

(Sawicki, 1991)

Foucault's model, which underpinned the study, differs in three ways: power is exercised rather than possessed; power is not primarily repressive but productive; power is analysed as coming from bottom up (Sawicki, 1991).

### ***Performativity and discourse***

Within my research, language is not treated as an essential, abstract system but as socially and historically located in discourse (Weedon, 1997). Weedon's (1997) understanding of discourse influenced by Foucauldian thought was adopted. According to Weedon (1997, p.105) discourses are 'ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and the relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects which they seek to govern'. Through this understanding discourse was understood as a structuring principle of society, reproduced in social institutions, ways of thinking and individual subjectivities, it is through discourse that 'power is exercised and that power relations are established and perpetuated' (Gavey, 1989, p.464). Discourse as social practice (Baxter, 2008) informed the study's use of Butler's performativity theory. Identity categories, for example, 'gender', were viewed as 'performative' products of regimes of power/knowledge or

power/discourse, with the categories themselves producing 'the identity they are deemed to be representing' (Jagger, 2008, p.17).

Discourses were viewed as 'connected also to the beliefs and behaviours of the family, peers, educational institutions, social networks, the state' (Crinall, 1999, p.72), cultural and economic systems. Importantly, discourses were seen as multiple offering 'fluid, contradictory and dynamic' subject positions (Fitzroy, 1999, p.91). Through a post-structuralist position we can 'understand how at a specific moment several coexisting and potentially contradictory discourses concerning sexuality make available different positions and different power for men and women' (Hollway, 2005, p.3). However it was understood that these discourses do not all hold the same power in terms of which ones are more likely to constitute individual subjectivities and identity. The position was taken that power, is 'exercised through control of discourses' (Fook, 2002, p.66) and as result certain discourses are privileged and others are silenced (Davies, 2006). Gavey (1989, p.464) suggests that dominant discourses, appearing both natural and common sense 'which support and perpetuate existing power relations, tend to constitute the subjectivity of most people most of the time'. Several authors have questioned whether subjects have a 'rational choice' (Gavey, 1989) over which discourses constitute their identities. The subject, as Davies (2006, p.88) argues 'is inscribed and re-inscribed with discourses that the subject did not produce'. Hence within this study Butler's position is taken that *doing* gender or the 'enactment of gender is ... socially approved and politically regulated' (Jagger, 2008, p.27). She is concerned with the power regimes that constitute us. The discourses and performative acts, through which, we achieve subjectivity (Jagger, 2008). Through sustained 'social performances' and repetition of gender acts, the illusion of a stable and fixed identity is promoted making it seem as 'though the 'cause' of these acts ... lie within the self' (Jagger, 2008). This understanding was influential to the study, particularly the way in which this 'masks from view the ways in which they (*gender acts*) are politically regulated products of

disciplinary practices that work to sustain ... gender hierarchy ... along with the belief in its naturalness' (Jagger, 2008, p.28).

Post-structuralist studies within the field of social work which explore the *doing* of gender, also helped to inform the study theoretically. Crinall (1999, p.71-2), for example, reflects that the women in her study shared 'gendered experiences deriving from social and cultural constructions of masculinity and femininity and the unequal power relationship between men and women'. Further, (Taylor and White, 2000, p.43) argue that 'we (*mothers*) routinely make judgements about whether we are good enough mothers based on standards of behaviour, thought and emotions which mothers are supposed to display or possess'. Similarly, taking the example of experiences and understanding of teenage motherhood, Cooper and Burnett, (2006, p.114) argue that 'socially shared understandings of teenage motherhood ... permeate how such pregnancies are understood within individual experience and are likely to be drawn upon as participants speak about themselves'. The study aimed to explore how subjectivities were performed within interviews and case files by re-producing certain discourses. This included how subjects drew upon discourses when constituting their own identities and understandings of their experiences. Further, the study aimed to reveal how those who appropriate gender 'norms' are policed and punished (Jagger, 2008).

The position was held that discourses, when re-produced through the power that social work professionals hold, are used to legitimise and justify ways of interacting, responding and intervening with families. Discourses were understood as 'systems of thought and systematic ways of carving out reality .... structures of knowledge that influence systems of practices' (Chambon, 1999, p.57). Through this understanding discourses or 'regimes of truth', which, when harnessed through 'professional power, can function as apparently neutral 'knowledge' and as such are able to circumscribe the activities ... of health and welfare agencies' (White, 1996, p.69-70). As Foucault (1987, p.108) elaborates, an analysis

requires a study of the 'interplay between a 'code' that rules ways of doing things .... and a production of true discourses that serve to ... justify and provide reasons and principles for these ways of doing things', the problem becomes 'to see how men govern (themselves and others) by the production of truth domains in which the practice of true and false can be made at once ordered and pertinent'. The most powerful discourses are those with firm and secure institutional bases, for example law and medicine (Weedon, 1997). The study concurred with Healy's (2005) assertion that the institutional context of social work shapes practice approaches, knowledge bases and social workers themselves. Dominant discourses of biomedicine, economics and law, embedded within enlightenment ideals of objectivity, rationality and individualism 'profoundly influence the ways mainstream health and welfare institutions ... and community services, understand service user needs and construct responses to them' (Healy, 2005, p.18). For example, the dominance of legal discourse and the implications in terms of measuring and proving neglect and overriding focus on physical neglect was discussed within the literature review. The biomedical model is particularly influential to child protection practice 'where medical experts often play a pivotal role in defining and assessing what counts as evidence of risk of harm and abuse' (Healy, 2005, p.20). As will be discussed within the proceeding section, social work practice was understood in terms of its occurrence within a neo-liberalist economic context driven by market rationalities, efficiency, accountability and reducing costs. In addition 'organisational changes, policy directions ... contribute to the development of particular practices' (Chambon, 1999, p.65). Further, these dominant discourses were viewed as interacting with service discourses (including for example sociology and psychology) as well as social workers' core values, knowledge, skills and theory (Healy, 2005).

How social work professionals work with categories of person, including for example, 'neglect', 'homeless' and 'mental health' was of significance for the study. These categories 'impose defining social, cultural and juricial codes which operate to limit and constrain subjective choices

while maintaining the status quo' (Crinall, 1999, p.76). In considering the category of 'child neglect', the literature revealed that neglect can be defined narrowly and broadly depending on purpose (Daniel et al., 2011). Neglect as a legal category for compulsory action is a narrower definition (Daniel et al., 2011) than broader understandings which focus on a child's unmet needs. Whilst imposing judicial codes, legal definitions are embedded within an individualised understanding in which 'parental responsibility' is upheld thus marginalising social and institutional responsibility. Feminist post-structuralism allowed for the exploration of specific subjectivities constituted through the performance of child neglect and the interaction of discourses drawn upon through their construction. For example, how power is exercised by drawing on economic, psychological and legal discourses in the construction of the neglectful mother and the consequence of this construction for legitimised responses and interventions. Further, not all discourses then, are given equal weight and power: some justify the status quo and others challenge existing practice, the latter 'are likely to be marginal to existing practice and dismissed by the hegemonic system of meanings and practices as irrelevant' (Weedon, 1997, p.35). Within the literature on contextual factors of child neglect dominance is given to the investigation of the characteristics of neglectful parents, with the focus on mothers' personalities, caring roles and attitudes, relationships and attachment histories (Coohey, 1995; Hildyard and Wolfe, 2007; Polansky et al., 1985; Polansky et al., 1981). Although the relationship between poverty and child neglect is commonly recognised in the literature this discourse is given less emphasis than individualised, interpersonal and gendered explanations. The study aimed to explore which subjectivities were given weight and which discourses were privileged (Davies, 2006) through the performance of these subject positions.

### ***Transformational possibilities***

Through a feminist post-structuralist position, informed by Foucauldian thought, the relationship between power, discourse and language was revealed. This allowed for the possibility of critique and challenge by uncovering dominant discursive constructions, binary categories and accepted practice norms. This analysis contributes to 'changing certain things in people's ways of perceiving and doing things' (Foucault, 1987, p.112), 'so that the acts, gestures, discourses that ... go without saying become problematic, difficult, dangerous' (Foucault, 1987, p.113). To challenge dominant discourses, an understanding of how power relations are produced and reproduced by discourses is required. The study aimed to 'denaturalise' identity categories and the regimes that produce them (Jagger, 2008). The target became 'not to discover what we are, but to refuse who we are' through an analysis of struggles against privileges of knowledge and 'mystifying representations' which ignore who we are individually (Foucault, 1982, p.216). Foucault (1977, p.194) urges to 'cease once and for all to describe the effects of power in negative terms; it 'excludes', it 'repulses' ... in fact power produces; it produces reality; it produces domains of objects and rituals of truth'.

Given that power was viewed as not simply repressive but productive, opportunities for resistance arose. The study held the position that although subjectivities can be produced through dominant discourses they also have the potential to be challenged and changed. Power then might be used to empower both the powerful and more marginalised groups. By occupying a feminist post-structuralist position 'subjects are not regarded as merely occupying discursive positions, but can be seen as both constructed or positioned and capable of construction, or positioning and critique' (Fawcett, 2000, p.67). Importantly individuals were not viewed as passive, but as 'active' and having "choice" when 'positioning themselves in relation to various discourses ... women can identify with and conform to traditional discursive constructions of femininity or they can resist, reject and challenge them' (Gavey, 1989,

p.464). As Chambon (1999, p.70) claims 'if normative practices constitute forms of subjectivity, change is to be found in counter-forms or alternative forms of knowledge and practices'. Alternative forms of knowledge that challenge dominant ways of thinking about the neglectful mother, specifically individualised understandings exist within the literature. For example, studies which acknowledge social neglect (of which poverty is a form) and institutional neglect (Dubowitz, 2007; Garbarino and Collins, 1999). Further, research that advocates ecological conceptualisations challenge individual blame by acknowledging a shared responsibility between individuals, families and societies (Dubowitz, 1993). Counter-forms can also be recognised in research that highlights the gendered nature of child welfare policy, practice and literature specifically in relation to child neglect. The study aimed to uncover multiple voices and subject positions. It was also concerned with how far parents' constructions colluded with or countered professional constructs and performances of neglect.

A post-structuralist position allowed for the exploration of experience, multiple identities and different ways of knowing (Wendt and Boylan, 2008). As Fawcett (2000, p.74) elaborates 'the application of perspectives drawn from postmodern feminism facilitates an analysis which 'hears' the differing voices and proffers readings which always contain the possibility of alternatives'. The recognition of the diversity of identities is particularly associated with performativity theory (Baxter, 2008). It was through giving voice to multiple and alternative voices, constructions and discourse that dominant systems could be challenged: agency became possible. For example, Pease (2000, p.136) recognises that an understanding of 'differences between men is central for understanding men's lives and for reconstructing men's subjectivities and practices'. The literature exposes ways in which men are omitted from professional practice around neglect (see for example, Edwards, 1998; Ferguson and Hogan, 2004; Strega, 2008) ignoring fathers in terms of both risk and as benefits (Maxwell et al., 2012). In this context alternative challenging positions promote the recognition of a holistic view of men (Ferguson and Hogan, 2004), of



multiple masculinities and selves (Cullen et al., 2011). By conceiving masculinities as 'discursive phenomena which compete with other discourses for the allegiances of individual men, there is greater potential for provoking inner change ... the multiplicity of discourses lead to internal conflicts and contradictions for men opening up the possibilities for change' (Pease, 2000 p.154). Similarly Crinall (1999, p.74) reflects on the contradictory discursive positions taken up by women in her study: women she worked with 'whilst victims of abusive experiences, were also victimisers', engaging in practices which displayed resistance to a victim status. Fitzroy (1999, p.91) also concludes that 'instead of a fixed view of women as either victim or villain, women's subject positions could be viewed as fluid, contradictory and dynamic'. In these readings 'discursive positionings feature but agency is still possible and emphasis is placed on multiple constructions and upon variation' (Fawcett, 2000, p.75). By highlighting previously silenced and multiple voices and positioning the study moved away from 'othering' between the 'we' and 'them'. This challenged 'logocentric' thinking and the production of 'essential' and binary categories (Nuccio and Sands, 1992). The research aimed, to challenge, as Sawicki (1991, p.27) claims 'against those ways in which we are already defined, categorised, classified'. Opie (1992, p.64) reflects on the empowering potential of this stance: 'deconstructive textual practice can importantly assist in political empowerment, through the incorporation in published research of participants' multiple and very different voices, so that the way ideology can smooth over differences is disrupted and questioned'.

The feminist post-structuralist position retained 'social work's traditional commitments to universalist ideals of human rights and social justice' (Ife, 1999, p.222). In this sense although 'demonstrations and legislative efforts and radical movements need to make claims in the name of women' (Butler, 1995, p.49), but 'rifts among women over the content of the term ought to be safeguarded and prized' (Butler, 1995, p.50). Hence the stance was taken that to 'safeguard the category of women as a site of possible resignifications is to expand the possibilities of what it means

to be a woman and ... to condition and enable an enhanced sense of agency' (Butler, 1995, p.50). Notions of empowering practice took a post-structuralist perspective and 'foundationally orientated notions of rights linked to metanarratives are rejected' (Fawcett, 2000, p.75). Flax (1990), in reflecting on notions of citizenship, which is closely linked to empowering practice, argues that attention should be paid to multiple identities within marginalised groups although diversities can be reconciled through reciprocity, interconnectedness and mutual dependence. Similarly, Fraser and Nicholson (1990, p.35) suggest that women form 'alliances rather than one of unity around a universally shared interest or identity', recognising the diversity of women's experiences and needs 'no single solution, on issues like child care ... can be adequate for all'. A deconstructive inquiry became 'the theoretical counterpart of a broader, richer, more complex and multiplayed feminist solidarity ... essential for overcoming the oppression of women in its "endless variety and monotonous similarity' (Fraser and Nicholson, 1990, p.35). A deconstructive position then held possibilities for empowerment of parents and professionals. As Healy (2005, p.4) advocates the process of deconstruction has clear implications for the development of emancipatory practice on a professional level: 'through understanding our context, we can both recognise how our practice is shaped by context and how we might act as agents of change both within and in relation to, our context', individuals can reconstruct themselves 'through a self-conscious and critically reflective practice' (Healy, 2005, p.16).

### **Social work: an instrument of governmentality**

In analysing the 'performance' of child neglect, Foucault's exploration of the way power is able to produce specific subjectivities through a range of techniques including surveillance, normalisation and hierarchical observation, was a central component. Foucault describes that by the 18<sup>th</sup> century a new form of power had emerged, which marked a shift from previous forms of punishment centred on public displays of torture

towards a new economy of power or governmentality. This form of power becomes 'concerned instead with ... management, organisation, orchestration and shaping (*of people*), and with the determination of conduct' (Moss, 2000 p.235). Disciplines became forms of domination producing subjected and 'docile' bodies: 'Discipline 'makes' individuals; it is the specific technique of a power that regards individuals both as objects and as instruments of its exercise' (Foucault, 1977, p.170). It is this focus on discipline 'making' subjected individuals to which the study is concerned. Within *Discipline and Punish* Foucault argues that the success of this power and production of subjected bodies derives from three specific techniques that were central to the study: hierarchical observation, normalising judgement and their combination in the examination.

*Hierarchical observation:* Foucault argued that it no longer became necessary to use force in order to 'constrain the conflict to good behaviour' as the old 'houses of security' were replaced by 'houses of certainty' through individualising observation, characterisation and classification and the analytical arrangement of space (Foucault, 1977, p.202). He describes the function of power within Bentham's Panopticon: a prison design. Within Bentham's Panopticon, discipline functions through a prison architecture in which a supervisor observes prisoners in their cells from a central tower. Although the prisoner can see the central tower, the supervisor remains hidden: 'the inmate must never know whether he is being looked at at any one moment; but he must be sure that he may always be so' (Foucault, 1977, p.201). This arrangement allows prisoners to be observed, characters to be assessed and classifications formed whilst also importantly, altering, training or correcting individuals (Foucault, 1977). Through the Panopticon power is both economical and efficient: 'it assures its economy (in material, in personnel, in time); it assures its efficacy by its preventative character, its continuous functioning and its automatic mechanisms' (Foucault, 1977, p.206). The Panopticon is polyvalent (Foucault, 1977) in application and can be applied to understand the power mechanisms within other

institutions (for example, social work). Panoptic power was particularly relevant in analysing surveillance (increasingly driven by developments in ICT, including online databases), the assessment and classification of service users according to categories (for example 'neglect') and the economical and efficient nature of this surveillance (increasingly driven by managerial and bureaucratic developments).

*Normalisation:* Like surveillance, normalisation became 'one of the great instruments of power at the end of the classical age' (Foucault, 1977, p.184). To reiterate, punishment, aims not to repress but 'compares, differentiates, hierarchises, homogenises, excludes. In short, it normalises' (Foucault, 1977, p.183). Normalisation encompasses objectivising the subject into "dividing practices". The subject is either divided inside himself or divided from others. This process objectivises him': shaping both unwanted and wanted behaviour (Foucault, 1982, p.208). This technique was key to thinking about the 'performance' of neglect. For example, the way in which the neglected child was constructed in relation to, dominant normative discourses of childhood.

*Examination:* This technique more obviously applied to analysing the assessment. The assessment of child neglect was explored through its power to classify individuals (for example, 'child in need' or 'neglectful mother') and the power also to correct or punish. The examination combines 'techniques of an observing hierarchy and those of a normalising judgement. It is a normalising gaze, a surveillance that makes it possible to qualify, to classify and to punish' (Foucault, 1977, p.184). A ritualised process, it combines 'the ceremony of power and the form of the experiment, the deployment of force and the establishment of truth' (Foucault, 1977, p.184). The examination also situates the individual 'in a network of writing; it engages them in a whole mass of documents that capture and fix them'. Through the examination the individual is constituted as a describable and analysable object, maintaining individual features under 'the gaze of a permanent corpus of knowledge' (Foucault, 1977, p.190). Of relevance was how the

assessment of families 'transformed', in particular women's realities through the completion of assessments and within online databases. The emergence of a system incorporating registration, notation and files made it possible to measure phenomenon, describe groups and collective facts. Towards the end of the 18<sup>th</sup> century then, 'clinical science' emerged incorporating the individual description, cross-examination and 'file' and entered into the functioning of scientific discourse (Foucault, 1977). Documentary techniques transform individuals into a case: 'the individual as he may be described, judged, measured, compared with others, in his very individuality; and it is also the individual who has to be trained or corrected, classified, normalised, excluded' (Foucault, 1977, p.191). The reliance of disciplinary power on subjectivities 'fixed' within assessments in order to intervene with families was of particular interest. The transformation of lives, for example, the patient or child 'functions as a procedure of objectification and subjection ... the examination is at the centre of the procedures that constitute the individual as effect and object of power, as effect and object of knowledge' (Foucault, 1977, p.192). Importantly, the individuals upon which, power is exercised become more strongly individualised, hence, in the disciplinary system the patient is more individualised than the healthy man (Foucault, 1977).

### ***Social work and governmentality***

Governmentality was a central theoretical underpinning to the study and it is worth considering in more depth, developments since *Discipline and Punish* and its relevance to social work. Operating through 'forms of moral regulation rather than coercion' (Gilbert, 2001, p.199), governmentality focuses on the mechanisms through which different groups and forms of knowledge and expertise regulate and constitute the individual, families and community (Parton, 1999). Social work became part of the shift in systems of social control (Parton, 1991, p.7) where, in contrast to the repressive power of physical punishment, welfare and penalty become interrelated: 'power and knowledge were inseparable and forms of new knowledge such as medicine, psychiatry and social work were directly related to the exercise of power, while power itself

creates new objects of concern, interventions and knowledge'. Epstein (1999, p.8) argues that social work is now perceived as a 'major institution that legitimises the power contained in modern democratic states'. Parton (1991, p.12), drawing on Donzelot's Foucauldian approach states that social work developed at a 'mid-way point between individual initiative and the all-encompassing state ... the emergence of 'the social' was seen as the most appropriate way for the liberal state to maintain its legitimacy while protecting children'. Translating state power on to marginalised individuals and families (Pollack, 2010) social work both governs and provides for the welfare of citizens (Epstein, 1999) through the co-existence of caring and controlling functions (Chambon, 1999). The recognition of the co-existence of caring and control was of importance when analysing interventions and ways of responding to neglect. It is important to recognise that the 'social' includes the state and other organisations including voluntary agencies, religious bodies and charitable organisations. The state has translated power and responsibility onto these agencies, for example, the NSPCC and Barnardo's. The literature stressed the increased emphasis on support for parenting specifically through Sure Start and associated parenting programmes. This transfer of power serves to 'justify' the rolling back of state services.

Normalisation became the technique through which power operated, controlling and regulating individuals. By drawing on knowledge from the human sciences, individual behaviour could be examined through hierarchical observation and normalising judgements. Deviations from the norm could be identified through this surveillance. Through this process social work professionals hold the power to define individuals' subjectivities in relation to dominant 'norms', for example, of importance to this study, the 'good parent' and 'normally developed child' embedded for example, within psychological thinking. The analysis involved exploring how discourses, for example, from 'psychology', were reproduced when performing child neglect. For example, Donzelot (1979, p.97) states, when discussing the position of 'the juvenile', 'he will in turn

become an object of knowledge. The family climate, the social context that causes a particular child to become a 'risk', will be thoroughly studied'. Further Parton (1991, p.15) argues that professionals hold the power to provide the 'underlying subjectivity of the abusing family', 'experts' who 'draw upon interpretive knowledge and use themselves and their insights into relationships as the primary professional tools'. Of relevance to the identification of neglect, psychological sciences have created supposedly universally applicable 'yardsticks' against which the subject's behaviour can be measured through the normative gaze of health and welfare professionals (White, 1996). The construction of the 'abnormal' subjectivity legitimises specific forms of social work intervention and ways of relating to the individual. Practice also divides those who are served from those who serve, for example, health experts 'grew side by side with categorisation of "the ill" and disease classifications... institutional activities simultaneously create clients and workers, as two sides of the same coin ... defines the worker's actions and ways of relating to the client' (Chambon, 1999, p.68). It was realised that social workers are also constrained by normative stances, enshrined, for example, in legal discourse.

The role of the social worker became to educate the individual to adopt 'normal' ways of living, for example 'normal' parenting practices, by drawing on knowledge within the human sciences, in particular psychological thought. Chambon (1999) suggests that normalisation does not only restrict unwanted behaviour, but also shapes desired behaviour. As Epstein (1999, p.8) elaborates, 'modern state must normalise the citizenry.... social sciences are the backbone of the technologies that have emerged as instruments by which the state can govern with minimal coercion'. For example, through the normalisation technique an outcome is deemed a success if the social worker is able to motivate the individual to normalise (individualised personality characteristics and parenting practices) and self-govern: social work 'must enable its clients to be transformed, to adopt normative ways and thoughts voluntarily' (Epstein, 1999, p.8). Reflecting on the literature

relating to intervening in cases of neglect, the normalisation technique, encouraging the parent to 'normalise' parenting, is evident across eco-behavioural, home visitation and Head Start programmes. In relation to the current UK context of parenting programmes, research has emphasised that parents deemed as irresponsible receive 'expert' advice and learn how to be responsible (Edwards and Gillies, 2005) and 'good' parents. As White (1996, p.70) suggests, the power of discourses is such, that self-monitoring results, set against the 'norms' of behaviour endorsed through professional intervention: 'subjects become self-regulating: they begin to police themselves'. The normalisation technique becomes a way of controlling and regulating individual behaviour. As part of the current study it will be important to analyse how discourses of neglect were gendered in relation to hegemonic norms of femininity in which mothers are upheld as responsible for the care of the home and of children.

Thus, Donzelot (1979) argues that intervening in family life was centred on moralisation, normalisation and coercive means. This 'tutulary complex' brought medicine and social work into the operation of law: 'along with greater legally-sanctioned tutulary authority over the poor and incompetent family came a greater role for 'psy' knowledge in the decisions of the court' (Parton, 1991, p.14). Social workers increasingly depended on psychiatric, sociological and psychoanalytic knowledge for support (Donzelot, 1979). These disciplines legitimated new knowledge claims about the familial and social context causing 'risk' to a child and making decisions in court (Parton, 1991).

Importantly, 'coercive intervention would be used for the exceptional circumstances where the child's situation or the behaviour of the parents had gone below those expected and where the techniques of moralisation and normalisation had failed' (Parton, 1991, p.13). The study aimed to reveal the circumstances in which these techniques (normalisation, moralisation and coercion) were applied in relation to specific performances of neglectful parents.



### ***Neo-liberalism and risk thinking***

It was important to consider how modern social work operates within a neo-liberalist context. Neo-liberalism or advanced liberalism encompasses specific strategies including individualism, market rationalities, governing at a distance (Parton, 1999) and the development of techniques of budget, accountability and auditing (Rose, 1993). It is centred on the belief that 'less government in the lives of citizens is better' and as a result welfare systems, have become increasingly punitive with a reduction in spending on social and child care services (Pollack, 2010, p.1266). This includes the child protection system as one of the most punitive systems. Pollack (2010) argues that this shift towards more 'punishing' states has influenced a development in how marginalised individuals and groups are governed. Developments in social control encompass the assessment, control and management of risk (Rose, 2000). 'Risk thinking' has become a major feature of neo-liberalist governing (Pollack, 2010). Parton (1999, p.121) argues that in the face of resource constraints and cuts to social service provisions concern about risk has become a central concern, 'differentiating high risk from the rest' and allowing cases to be prioritised. Child protection concerns are the central focus of the Children Act (1989) identifying high risk in terms of significant harm (Parton, 1999). Increasingly the professional task becomes to regulate and manage populations through the development of techniques to identify, classify and manage populations (Rose, 2000). Risk thinking underpinned explorations of how in particular mothers' subjectivities were performed. A preoccupation with eligibility 'creates a dynamic whereby surveillance by the worker is continuous and constant' (Moffatt, 1999, p.225). The study was concerned with the focus of the 'risk gaze' during the completion of the assessment: on the characteristics of individuals as well as factors associated with 'increased likelihood of undesirable conduct' including employment history and alcohol misuse (Rose, 2000, p.332). The literature identifies that the *Assessment Framework* allows the professional to understand the interplay of biological, psychological, social and cultural factors in child

neglect. Although promising, opening up the possibility for a broadened understanding of neglect, the 'risk gaze' focus is also widened. Individuals are characterised as having 'moral' problems (Rose, 2000), a lack of self-esteem and self-worth (Baistow, 1995). Pollack (2010) explores the gendered nature of 'risk thinking' operating as a neo-liberalist regulatory strategy.

As stated the study aimed to explore how individuals' subjectivities and experiences are organised and structured through standardised assessments and related online databases. As, Moffatt (1999, p.223) suggests, through the assessment, structured by forms and eligibility criteria, the individual is 'linked to any ... markers and measurements meant to characterise each individual client'. Further Parton (2009, p.719) critiques that 'social work increasingly acts to take subjects apart and then reassembles them according to the requirements of the database'. As a consequence the actualities of individual experiences are transformed into risk identities within these databases (Pollack, 2010). Arguably the written assessment can create 'a dissonance in the relationship that protects against the creation of intersubjective meaning between the worker and client' (Moffatt, 1999, p.227). In relation to the assessment of neglect, research identifies that assessment records and forms can be used rigidly (Cleaver and Walker, 2004) or as an information-gathering tool, marginalising an analytical understanding (Horwath, 2002). Rose (2000) suggests that the marginalised are increasingly subject to an increased emphasis on administration processes including case conferences, record keeping, documentation of risk identities, planning and developing networks for surveillance. This occurs within the increasingly managerial and bureaucratic context of social work, where increased emphasis on efficiency and accountability (Carey, 2008) is reflected through auditing, monitoring and procedures (Burton and van de Broek, 2009), constitutive processes including the rationing of time and pace of appointments (Chambon, 1999) and new technologies which regulate practice (Carey, 2008). These bureaucratic constraints are also inherent to the performance of neglect. The detrimental consequences of

the increasingly managerial and bureaucratic context for the assessment of neglect, specifically in terms of a needs-led, analytical assessment centred on relationship building, was explored within the assessment chapter in the literature review. Identities then become embedded within a system of surveillance in which they are constructed as 'risky' (Rose, 2000).

Having identified and classified populations as 'risky', the role of governance becomes to manage individuals. The study explored how risk management strategies are targeted at those who cannot manage their own risk or self-govern (Pollack, 2010), to reduce risk through self-governance. Self-responsibility becomes the aim of professional interventions: 'to reconstruct self-reliance in those who are excluded' (Rose, 2000, p.334). They become subject to empowerment. The study recognised that although empowerment can lead to liberating outcomes, 'freeing' individuals, it is also a 'social project that is intimately connected with the exercise of government' (Baistow, 1995, p.35). Through the empowerment approach power personal power to gain self-control and individual responsibility is 'valorised' (Baistow, 1995, p.35). This empowerment approach is echoed within the literature on the political context of 'parenting', within which effective and responsible parenting is valorised within the individualised and narrow focus of official parenting programmes. In this context social and economic responses and interventions to neglect and support for children is marginalised within the literature on child neglect and at a practice level. The marginalised become self-responsible through moral reformation, becoming reattached to virtuous communities (Rose, 2000). However, professionals still maintain control in both identifying those service users in need of empowerment and in empowering them (Baistow, 1995). Baistow (1995) also argues that parenting groups, designed to empower parents can occur within a 'quasi-legal context': parents whose children are subject to child protection procedures may have to attend in order to avoid ultimatums.

## **Chapter 6: Methodology**

### **Introduction**

This chapter begins by considering the ethical issues and sensitivities of the research, specifically of child neglect as a research topic. Ethical procedures and processes are explored, incorporating minimising harm to participants, with particular consideration to the 'sensitive' nature of the research. The chapter then addresses the emotional impact and effects of the research on the researcher and the ways in which this was managed, particularly through reflexive practice. The research procedure, including access and facilitation are then explored. Criteria and sampling are also considered. The data collection methods are described, including in-depth interviews influenced, in part, by the narrative approach. This encompasses considering the relations of power between the researcher/researched, interview guide and questions, influences of the narrative method and empathic understandings. The chapter concludes by outlining the data analysis method (feminist post-structural discourse analysis).

### **Ethical issues and sensitivities**

#### ***Child neglect as a sensitive research topic***

Child neglect is a 'socially sensitive' research topic (Sieber and Stanley, 1988). Although arguably, all research has the potential to be 'sensitive' for participants involved, 'those topics that social scientists generally regard as sensitive' are those that have the possibility to seem threatening to those being studied (Lee and Renzetti, 1993, p.4). This was the case for parents I interviewed, and to a lesser extent the professionals interviewed. I was acutely aware that parents may be experiencing heightened emotions and feelings associated with having statutory involvement within their lives, being labelled 'neglectful' and experiences of their child(ren) being taken into care. In addition, I was mindful that professionals may also be sensitive to a research study

which asks questions about their practices, particularly at a time where social workers are often vilified and blamed within the popular media. My research topic involves a number of factors, which Lee and Renzetti's (1993) suggest are more likely to appear threatening to participants:

- Research that delves into personal experience (this was particularly relevant for my interviews with parents who have been involved with Children's Services as a result of concerns around child neglect)
- Concerned with deviance and social control (as above)
- Possibly impinges on vested interests of powerful persons and the exercise of control or domination (I was aware that the findings of my research may possibly reveal controversial findings with possible implications for the agencies involved)

Hence, my research study raised potential complex ethical issues and moral dilemmas, including 'methodological, technical, ethical, political ... problems as well as having potential effects on the personal life of the researcher' (Lee and Renzetti, 1993, p.6). During each stage of the research process and in addition to the ethical procedures outlined attention was paid to ethical principles, protecting the autonomy of participants as individuals, and to non-exploitive procedures.

### **Ethical procedures and processes: minimising harm to participants and sensitive research**

Prior to contacting agency sites and embarking on the collection of data, I gained ethical approval from the School of Applied Social Sciences. Within these forms I addressed ethical principles outlined within code of ethics produced, for example by the British Sociological Association (BSA) *Statement of Ethical Practice* (2002) and the Economic and Social Research Council's (ESRC) *Framework for Research Ethics* (2010). I also submitted the completed university ethics applications to the ethics committees of each of the participating agencies and gained their approval to proceed.

### ***Informed consent***

Before each interview the participant read through the information sheet, invitation letter and consent form (for professionals, these documents had been emailed in advance. This will be discussed in more detail in the section on 'access'). Informed consent includes explaining the 'pertinent aspects of what is to occur and what might occur are disclosed to the subject' (Homan, 1991, p.71) in a manner that is comprehensive to the participant. In the majority of instances, and for all the parents I interviewed, I explained all of the information verbally. I was aware, from speaking to professionals that some of the parents may have difficulty reading. I used appropriate language to make sure that all the information communicated was understood. This involved ensuring that the participant had understood information provided and clarifying any confusion. By signing the consent form participants agreed that they had read/understood the information sheet that detailed my role, the context, purpose, importance and outcome of the study. It also provided details of data collection methods, including interviews and case file analysis. The consent form reiterated that participating in the research was entirely voluntary and that participants could withdraw from the study at any point, without providing a reason. It was also reiterated that there would be no loss of services if someone withdrew at any stage. Consent, according to Homan (1991, p.71) means that the 'agreement to participate should be voluntary, free from coercion and undue influence'. Given that parents had experienced non-voluntary professional involvement, it was important that I was open about and clarified my role as a researcher and reiterated that participating in the study is entirely voluntary. Similarly, social workers who may have been approached by their team manager and hence could have felt some pressure to agree to be interviewed were made aware of the voluntary nature of participating. The information sheet also included a statement of confidentiality, assuring participants that anything they told me during the interview would be treated confidentially and not produced in a form that would allow them to be

identified. They were also assured that everyone participating in the study would be made anonymous, as well as any agencies involved or mentioned and that transcriptions and recordings would be held in a secure place and destroyed following research completion. By signing the consent form participants also gave permission for the interview to be recorded and treated in accordance with the statement of confidentiality.

The following section outlines the potential risk and discomfort that I identified could be experienced through participation in a 'sensitive', research study and how I minimised this risk. Issues around the *process* in addition to the *procedure* of informed consent will also be discussed in more detail. Despite attention to the possibility and prevention of harm to participants, specifically through confidentiality and informed consent within the ethics proposal, harm was 'minimised' (BSA, 2002) rather than omitted.

### ***Discussing distressing past events***

The BSA Statement of Ethical Practice (2002) directs researchers to 'anticipate and to guard against, consequences for research participants which can be predicted to be harmful' and also 'to consider carefully the possibility that the research experience may be a disturbing one'. Given the sensitive nature of my research study I was aware that participating in interviews may potentially 'threaten those studied through the levels of emotional stress they (*interviews*) produce' (Lee and Renzetti, 1993, p.6), particularly through asking parents questions about often very painful and distressing personal experiences. These fears were likely to apply to parents interviewed, although I reflected that professionals may also experience emotional stress through recalling and retelling examples of specific cases and families they have worked with. Although ethical clearance aims to enable a more equal relationship built on trust and integrity (British Sociological Association, 2002), the possibility of completely eliminating the possibility of distress becomes impossible. I was aware that participating in the interviews would at times 'awaken traumatic past experiences' (Tee and Lathlean, 2004, p.540) for the

parents interviewed. However, I ensured that this possibility was minimised by being sensitive to and aware of participants' feelings throughout the interview process. I aimed to make participants feel at ease during the interview. Participants were made aware that they could have a break from the interview at any time and that answering questions was completely voluntary. If participants became visibly upset, the interview was stopped and participants were asked if they wished to continue with the process (Tee and Lathlean, 2004). This occurred during one interview with a parent, but after a break she decided to complete the interview. It was also made clear that participants could withdraw from the study at any time, both during the interview and following completion. I ensured that there was a member of staff available during interviews with parents to debrief them if necessary.

### ***Confidentiality and anonymity***

I identified that participants could also be concerned that the confidentiality of responses is maintained. Specifically, in sensitive studies participants are 'likely to fear being identified, stigmatised or incriminated in some way' (Lee and Renzetti, 1993, p.6). Responding to this anticipation of harm, reassurance of confidentiality is of particular significance when conducting research into sensitive topics and should be addressed at all stages of the research process (Ward, 2004). As Lee and Renzetti, (1993, p.9) elaborate: 'while research participants should, in general, expect their rights to privacy, anonymity and confidentiality to be protected, maintaining confidentiality of research data is especially important where informants or respondents are being asked to reveal intimate or incriminating information'. Participants were made aware that any information they provided would be treated confidentially and not reproduced in a form that would allow them to be identified. A statement of confidentiality was also included on the information sheet and an acceptance of the statement on the consent form. Participants were also reassured that research data will be stored in a secure manner,



specifically that transcriptions and recordings would be held in a locked cabinet (Bryman, 2004) and on a password protected computer. All participants were provided with written reassurance and information included in written documents was explained verbally before the interview commenced. When explaining this information face-to-face I used language that is 'readily comprehensible to the research subject and which accurately and adequately explains the purpose of research' (Butler, 2002, p.246). For example, assurances of confidentiality were expressed as follows: 'after the interview the recording will be typed up and any names will be changed so that you and anyone who you have mentioned cannot be identified'. Ethically sensitive research should also avoid deception (Sieber, 1993). The limits to confidentiality were explained to participants prior to the interview, specifically that if they gave any information that suggested a child or vulnerable person had been harmed in any way then I would need to pass this information on to a relevant professional. This was also incorporated into the consent form.

### ***The role of the researcher***

Given findings within academic research that parents often feel blamed and judged through their experiences of child protection procedures (Farmer and Owen, 1998) and professional involvement I was mindful that parents might view my position as a qualified social worker and researcher with suspicion. I explained to parents that I am a qualified social worker. Given their previous or current involvement with Children's Services, this may have alarmed some parents and, understandably, provoked a feeling of mistrust. I reflected that parents might associate being 'interviewed' and written about with their experiences of professional assessments of their parenting. I was also aware that they might feel some level of discomfort with my role as a researcher and anxiety about the interview process. In order to reassure parents I reiterated the importance of hearing their experiences, opinions and feelings about professional involvement, any help they were offered and

experiences of being a parent. I also emphasised that I thought that their views would be vital to the study, particularly in recommending what they thought would be needed to help families in similar situations to their own and any changes they would like to see happen. In addition to the more 'official' information sheet, this information was also included in a leaflet. Statements of confidentiality were reiterated prior to the interview, providing reassurance. I also fully explained the method of recording the interview. I was also careful to be polite and respectful throughout the process, building a level of trust and answered any questions regarding the interview process as fully as possible to distil any fears about the process.

#### ***Case files: ethical consideration***

I approached the agency to request a sample of case files. My preference was for the case data to be anonymised prior to my access to it. The agency discussed this at Director of Children's Services level. The agency was not able to do this but offered the files subject to me only reading them in the office and collecting data without any identifying features of agencies or professionals. My preference would have been to ask permission from each of the families however when this was raised with the agency concerned permission was not granted for me as the researcher to have any contact either in writing or person with any of the families. This was due to the agency being concerned that this could cause harm and additional stress for parents. As D'Cruz (2000, para. 4.5) reflects 'workers seeking consent in 'active' cases could aggravate an already sensitive situation'. Further, contacting parents within closed cases might result in revisiting past traumatic experiences. Although ideally individuals would give their permission, the complexities are such that this could have compromised their welfare.

### ***Valuing participants' contribution to the research***

The academic and policy literature identifies the payment of research participants as an ethical issue. The ESRC's Framework for Research Ethics (2010) states that 'research participants must participate in a voluntary way, free from coercion'. There exists an ethical concern that payment of participants could compromise informed consent (Wallcraft et al., 2009), influencing participants' decisions to take part. Participants may be coerced into participation if payment means that they participate when they would not have done so in the absence of such inducement (Largent, 2012). Although I considered these concerns very carefully I decided to give a £10 Boots gift voucher to all parents who participated in the research. Importantly, I did not use payment as a method of recruitment (Phillips, 2011). The gift voucher was discussed with participants at the beginning of each interview, following their initial interest and agreement to participate in the study. I wanted to recognise the effort both in terms of time and emotionally which parents gave to my study. The gift voucher was offered in order to value and thank participants for their time and contribution and I expressed this to participants once the interview was completed. As Rickard and Purtell (2011, p.43) elaborate, payment was used to 'treat them (*participants*) respectfully, to recompense them for their time and to acknowledge lay expertise'. Further, I was also aware of research conducted in which service users viewed involvement in research and subsequent payment positively. For example, women within Bell and Salmon's (2011) study, which explored the views of women who use drugs on ethical research, revealed that women expressed a desire for some type of payment from participating in research.

From my initial research proposal to the ESRC, the involvement of parents who had experienced social work involvement in their lives as a result of child neglect was of central importance, affirming the value that I place on research, which incorporates service users' experiential

knowledge. I felt that offering some sort of payment would provide an indication of my values. As Wallcraft et al. (2009, p.214) suggest, payment can 'reassure service users that their views will be valued, alongside those of other researchers, and that their experience is as important to the project'.

However, payment was not the only way that I expressed the benefit of participation to participants. Sieber (1993, p.18) argues that 'informed consent means far more than a consent statement – it means communicating respectfully and openly with participants and community members throughout the project, respecting autonomy and lifestyle and providing useful debriefing about the nature, findings, and value of the research and its likely dissemination'. Responding to Sieber's latter comment, I felt it was important that participants should receive a debriefing about the findings and value of the research and possible dissemination. I explained that following PhD completion I would contact the agencies involved in order to provide a summary of the key findings of the research. Respecting participants as individuals, I asked how they would like the research findings to be fed back, for example, in written form or presentation format. This 'multilateral and shared decision making', promoted a more 'equal-status, respectful relationship' between the interviewer and target population (Sieber, 1993, p.20).

### **Sensitive research: effects on the researcher and reflexive practice**

#### ***Emotional impact on the researcher***

A decision to undertake a study on child neglect was not taken lightly: I knew that the study would affect me emotionally and that at times I would probably be distressed. During each stage of the research, including the data analysis, there were times when I felt emotionally overwhelmed by individuals' narratives and cases that I read. This was not only the result of hearing about the neglect of children but also about the lives of parents

and the challenges faced by professionals in attempting to support and help families. However, despite at times feeling overwhelmed, the emotional experience of the data collection and interaction with the research participants formed an important part of the data analysis process. As Coop (2004, p.306) suggests 'arising from a critical reaction to the 'affective neutrality' that social scientists aspired to maintain in the past, many field researchers now include themselves as research participants rather than acting solely as detached, unemotional observers'. I would go further and suggest that in order to conduct a study of this nature it would be impossible and in fact detrimental to maintain an emotional distance from the data. Specifically, feminist researchers traditionally, 'experiment with ways of 'identifying with' in order to 'know' the other' (Reinharz, 1992, p.233): emotion in research is made explicit (Hubbard, 2001). As a feminist study emotions are a crucial part of the research experience, as we attempt to 'make sense of the world and our interactions with others' (Hubbard, 2001, p127). In order to fully appreciate and understand the issues around neglect that emerged, an emotional connection is required. Further, emotions have an important bearing on how and what we know, feelings of attachment can also drive a research study (Widdowfield, 2000). Indeed, building rapport and showing empathy were inherent within my interviews, often leading to the participants opening up (Hubbard, 2001) and talking about their personal experiences.

Prior to the interviews, I felt some level of anxiety about this methodological position. There would be times during the interview process when it would also be difficult to 'feel connected' and be able to completely identify with experiences of parents who have neglected their children. My feelings would not always be consistent: the exception to the 'rule of sympathy when we study settings where participants ... bring emotional harm to the innocent' (Kleinman and Copp, 1993, p.38). As Kleinman and Copp (1993, p.32) suggest, 'if we acknowledge our anger or disappointment with participants, we face our biggest fear: that we are

unempathic'. The authors argue that this discomfort can lead researchers to suppress and ignore feelings.

### ***Managing the emotional impact of the research: reflexive diary and supervision***

Given the potential complexity of emotions I would experience, during the data collection and analysis process I adopted a self-reflexive position, recording my emotional insights in a research diary. This helped in several ways. It enabled me to acknowledge and begin to understand my emotions at all stages of the research process. In addition to keeping a research diary, Hubbard (2001) suggests that communicating with fellow researchers and friends may also help researchers. I too found this incredibly helpful, particularly sharing similar feelings of upset, frustrations as well as achievements and progress. Confidentiality was maintained at all times: agencies and individuals were not revealed and feelings discussed were 'general' rather than about specific cases. In addition supervision provided a crucial and important self-reflexive space. Through this process I was able to balance my emotional connection with the data with self-protection. The diary allowed me to gain a deeper and empathic understanding of participants' experiences, whilst also achieving 'deeper sociological insights about the participants and the settings they study, the social constraints under which they operate and the social implications of their research' (Coop, 2004, p.306). Through self-reflexivity, I was able to develop my theoretical position (specifically feminist and Foucauldian understandings) and begin to deconstruct the data. As Hubbard, (2001, p.124) argues self-reflexivity within a research diary allows researchers to 'draw on previous theoretical ideas and experiences, develop and construct new theoretical ideas and re-create themselves in the process'. These points will now be considered in more depth through providing examples from my research diary.

### ***Acknowledging emotion in the research***

The completion of a research diary helped me to offload often complex emotions and to acknowledge and become more aware of how I was

feeling, helping to lessen the impact (Hubbard, 2001) of these feelings. In the following extract I reflect upon my reactions to an interview that I found particularly emotional:

*Although it has been some time since I carried out the interview with X I still think about it ... it seems to be that certain interviews affect you more than others. The hopelessness and unfairness of her experiences really got to me. I sometimes feel quite useless as a researcher ... I just hope my research can be of some value and do justice to participants' experiences*

This concern of 'doing justice' to my research and feeling powerless, as a researcher to make a difference also emerged when I compared my position to the busy, committed and often stressed professionals I interviewed. Supervision here also became crucial through the encouragement by my supervisors to enable me to reflect and remember my initial research aims, goals and a reminder of the value of research: this helped me immensely. I also used the research diary to record 'joys, frustrations and fears' (Heller et al., 2011, p.79) during my fieldwork. The following extract exemplifies the frustrations I felt relating to the challenges I faced accessing research participants:

*The interview has been cancelled for the second time ... and I have only interviewed one parent so far! ... this is so frustrating. I know there must be parents who would like to be interviewed ... professionals don't seem to know of any ... I don't know if there are any family support agencies remaining that I can contact*

I was also able to learn from interviews that had not gone as well as expected, through the process of reflection, developing and strengthening my research skills (Heller et al., 2011). Instances where this occurred included re-phrasing questions and explaining the purpose of my research in a more coherent and helpful manner.

### ***Emotionality: understanding and making sense of the data***

By completing a reflexive diary I felt that I became closer to the data. Heller et al. (2011, p.79) similarly expresses that keeping a journal can lead to a heightened awareness of 'the data, our research contexts, our

roles as researchers within these contexts'. In a sense by becoming aware of participants' emotions they expressed and my own, helped me to better comprehend and analyse participants' experiential knowledge and lives in the context of child neglect. The analysis became 'emotionally-sensed' (Hubbard, 2001, p.121). By recording and discussing my shifting feelings and experiences, both positive and negative, I was also able to make sociological sense of the data (Kleinman and Copp, 1993) and achieve a more complex analysis. The following extract from my reflective diary highlights the empathy that I felt for a parent and the beginnings of making sense of the data theoretically, particularly through understanding neglect through a feminist lens. By observing her emotions I became more aware of her experiences of professional involvement and abusive ex-partner:

*I had to stop this interview as the parent had started to cry ... what really struck me in this interview was the tragedy of the situation, and the 'near misses' of someone with multiple issues and problems nearly getting her life back on track but at times quite cruel twists of fate preventing her from doing so (the 'tag' incident being particularly poignant as was the 'attempted suicide'). Again, this mother was struggling with an emotionally unstable and highly pressurised relationship with someone with severe mental health problems and appeared to get little or no support in how to deal with his erratic and at times abusive behaviour? Where were the building confidence classes, the women's groups at this time? As a mother she also appeared to get 'blamed' both for her ex-partner's diagnosis and his subsequent behaviour (Reflective diary extract following an interview with a parent)*

## **Research procedure**

### ***Negotiating access***

A number of organisations were approached using a range of contacts through Durham University, personal contacts and through work conducted through Durham University. I contacted a range of organisations (including statutory and voluntary agencies) and followed this up with a series of meetings. Agencies included –



- Local authority Children, Education and Social Care (CESC) teams (two teams –targeted and specialist)
- Sure Start Children’s Centres (four)
- Project that provides a supportive service for women involved in sex work. The project is part of a wider organisation that supports homeless people, offering a range of emergency, temporary and longer-term accommodation to vulnerable men and women

Meetings with directors and managers were crucial to gaining access: gatekeepers controlled access to the research site (Campbell et al., 2006). I was aware that gaining access could become a political issue, as Bryman (2004, p.518) claims, agencies could be concerned about the research motives and given the critical stance, a risk to ‘its image’. These meetings afforded me with the opportunity not only to explain my research in more depth but also offer a degree of reassurance, particularly in terms of ethical issues. I was able to introduce my research, including the context and main aims and objectives, the relevancy and timely nature of the research in terms of the academic, policy and legislative context and provided an outline of the research methods, potential participants and sample size. They also provided me with an opportunity to reiterate confidentiality and informed consent. I was very aware that agencies would be extremely busy and it would be likely that agencies would question what impact the research would have on the agency in terms of time and resources. I explained that I envisaged that the analysis of assessment documents and completion of interviews would be undertaken at agency sites. I reiterated to the local authority director that some agency support would be required in order to locate and select case files although I envisaged that this would be limited and every effort would be made to ensure minimal disruption.

I also reassured gatekeepers that I had applied for and gained ethical approval from Durham University’s ethics committee and that if they decided that they would be in a position to participate in the study, I would share my ethics application, including the proposed interview schedule

and data analysis framework. I also explained that I would also apply to agency ethics committee if necessary. I felt that it was important to explain the possible outcomes and benefits of the research for the agency. I explained that following completion of the study, I would provide a written summary report to the agency and participants involved detailing research findings, analysis and outcomes. I also suggested that I intended to present the research summary as appropriate to agencies and Local Safeguarding Children Board. Following meetings my research was approved on condition of ethical clearance from the University and individual agencies as appropriate.

### ***Facilitation***

Campbell et al. (2006) suggest that the interpretation of the gatekeeper as simply an authoritative figure is both 'static' and unidirectional. The gatekeeper was not just an authoritative figure from whom I had to gain access permission. In addition to enabling access to people and documents, gatekeepers also enabled me to access resources, offered logistical support and research permits (Campbell et al., 2006). They became in effect important 'facilitators of the research process rather than obstacles to accessing respondents and resources' (Heller et al., 2011, p.73). Members of staff assisted me in coordinating the research, including assisting me in organising interviews and gaining access to case files.

- Case file analysis – This occurred at the local authority. The sampling method for the selection of case files is explained in the 'sampling' section. Given that the case files could not be taken off site I negotiated with that I would require two weeks to gain information and take detailed notes from the case files. The facilitator booked a room for this time period where I could conduct the data collection. I was also provided with a work 'permit' in order to access the building. Given that the collection of data from case files was extremely time consuming I had to negotiate a further week to complete this process.

- Interviews with professionals – Gatekeepers and facilitators forwarded an email to relevant professionals (see ‘sampling’ section) inviting them for interview. I briefly outlined my research and attached the invitation letter, consent form and reply slip previously discussed. I had relatively few problems attracting members of staff who wished to be interviewed. Facilitators helped to coordinated the times of the interviews and booked a room where they were conducted.
- Interviews with parents – Professionals were approached asking if they had worked with any parents who might be willing to be interviewed and who met the interview criteria (as outlined in the ‘sampling’ section). I experienced difficulties gaining interviews, both in terms of identification of participants and participants failing to attend interviews once they had been scheduled. Professionals within Sure Start and the local authority suggested that the parents they had approached declined participation because they wanted to forget about social work involvement and would be reluctant to talk about past issues and problems. On occasion professionals also explained that the families’ situations had changed and/or deteriorated and as a result participating in an interview would not be appropriate. Although I valued their professional judgement I reflected that ‘assumptions about vulnerability’ (Tee and Lathean, 2004, p.539) and parents own ability to assess whether they could ‘cope’ with an interview can be made, limiting the possibility of service user participation. Sometimes suggestions were made that parents mistrusted professionals and had a very negative perception of social workers. I also reflected that professionals might feel some apprehension about what parents might divulge in interviews, particularly if they had not agreed with professional decisions.

However, I did successfully complete two interviews with parents through Sure Start centres and the local authority. Professionals introduced the research to the parents; giving them and explaining verbally the information sheet, consent form and invitation letter. I also designed a less 'official' looking leaflet which briefly outlined my research in a more informal manner. Professionals gave this leaflet to parents in addition to the material previously discussed. One of the interviews took place at the Sure Start Centre and the other at the parent's home with a professional present. Although the presence of the professional could impact on what was said (the parent was perhaps more likely to present social work involvement positively), I respected the parent's choice that she wished the professional, whom she had established trust, to be present. Crucially the manager of the Women's Project supported me to gain access to potential research participants and to increase acceptance of the research (Campbell et al., 2006). The manager suggested that I attended some of the women's groups that are run through the projects. This was to act more as a volunteer than a researcher: my reflections on these groups were not included as research data. It proved extremely useful to meet parents in this way in order to build up trust and relationships and explain the research on a face-to-face basis. I volunteered at these groups over several weeks and gained a further five interviews. For the women's convenience, interviews occurred at the hostels where the women lived and/or before or after a support group.

### **Criteria and sample**

#### ***Parent interviews***

I interviewed parents who had received professional intervention as a result of concerns about child neglect. This might mean that their child(ren) are registered on the child protection register under the category 'neglect'. I was also interested in interviewing parents for whom the above applied, but whose child(ren) had been de-registered.

- Parents were interviewed where there were concerns about child neglect but whose children had been classified as 'children in need'.
- Parents were also interviewed who's child(ren) were not on the child protection register but whose family has been referred via Children Services with the purpose of receiving Sure Start and/or voluntary agency services, due to concerns around neglect issues.

I used a non-probability criterion sampling method. The 'logic of criterion sampling is to review and study all cases that meet some predetermined criterion of importance' (Patton, 2002, p.238), in this instance parents who met the criteria previously stated. The 'snowballing' sampling method was also used. Through this method 'by asking a number of people who else to talk with, the snowball gets bigger and bigger' (Patton, 2002, p.237). This method is useful when there is no evident or clear sampling frame (Bryman, 2004). Following my initial contact with the group of women through the women's project, they were able to suggest other groups which I might attend and further participants who they thought might be interested in participating. As Standing (1998, p.188) suggests this method is particularly useful for contacting 'low income lone mothers, who are vulnerable and stigmatised in everyday life'.

Table 1: Total number of parent interviews conducted

Site	Number
Local authority	1 (woman)
Sure Start Centre 1	2 (1 man and 1 woman)
Women's project	5 (women)

### ***Professional interviews***

I interviewed a mixed sample of social workers and Sure Start professionals. In the context of the shift towards prevention and early intervention, work previously conducted by Children's Services with neglectful families is now increasingly carried out by community services,

specifically, Sure Start. Increasingly statutory services are limited to a focus on assessments, processes and procedures. Consequently, in order to fully understand how social work as a profession responds to neglect, it was important to explore how statutory agencies fund and commission other agencies (eg. Sure Start) to conduct work with neglectful families and aspects of the social work process. By including Sure Start professionals within the sample, who are often social work trained, it became possible to explore different interventions and responses to neglect. Criterion and snowballing sampling methods were also used when selecting professionals to be interviewed. Within the local authority all professionals working within the CESC target and specialist teams formed the sampling frame. My intention was to random sample if had received more than ten responses to my invitation to interview. However in the event only ten professionals responded to my interview. I gained offers of interviews from Sure Start professionals through using the 'snowballing' method described.

Table 2: Total number of professional interviews: Sure Start

<b>Position held</b>	<b>Number (all women)</b>
Centre manager	2
Project worker/family support worker	6

Table 3: Total number of professional interviews: local authority

<b>Position held</b>	<b>Number (9 women and 1 man)</b>
Team manager	2
Social workers	6
Family support workers	2

### ***Case Files***

I initially intended that through access to CESC databases, all neglect cases (encompassing child protection and child in need cases) within a specific year could be identified, forming the sampling frame and used as the target of the study (Sapsford, 2007). A random sample of ten cases could have then been taken from this frame. However, this sampling

'frame' was not readily available on the online database and I was reliant on managers to select cases for the study. I established the criteria for selection, again using a criterion sampling method:

- Five 'children in need' cases and five 'child protection' cases for which child neglect was/is a substantive concern.

Table 4: Case files analysed

<b>Case 'type'</b>	<b>Number</b>
Children in Need	5
Child protection	5

Data from case files were therefore extracted retrospectively from contemporaneously written case records. The detail in the case records varied with a predominance of assessment documentation and running records of ongoing contact with families. Nevertheless, files routinely contained relevant information about the child and family structure, family history and prior involvement of professionals as well as more recent concerns relating to neglect. It was common for each case file to be made up of the reports of several professionals.

A data collection tool was designed specifically for the purpose of the study using the framework for analysis presented below. This allowed me to identify subjectivities, discourses and performances relevant to the objectives of the study. The data gathered was from reports, in the majority of cases from core and initial assessments. In some cases data was also collected from conference reports and reviews.

### ***Background information: professionals, parents and case files***

I intended to ask participants about basic information, including factors such as age, gender, ethnicity and year qualified at the start of each interview. However, within the first few interviews participants were

unwilling to divulge this information, stating that they had presumed the interview was to be anonymous. Both workers and parents were concerned that providing such basic personal information could result in their potential identification. As a result of these fears around confidentiality and anonymity, these questions were omitted from future interviews.

It was, however, possible to identify basic information about the gender and age of children referred for neglect in the case file analysis. This is depicted in the table below.

Table 5: Gender and age of child in each case

<b>Case</b>	<b>Gender of child</b>	<b>Age of child at referral in years</b>
CIN 1	M	16 (1 younger sibling)
CIN 2	F	12
CIN 3	M	1
CIN 4	F	3 (1 younger sibling)
CIN 5	F	1 (4 siblings under 8)
Case 1	F	2
Case 2	F	1
Case 3	F	Unborn child
Case 4	M	1
Case 5	M	8

### ***Sampling method: limits***

There are limits to using non-probability sampling. Specifically I cannot be clear that the range of cases and interviews are representative. I cannot claim that participants who agreed to take part and the cases analysed are representative of the full range of cases. As a consequence it is not possible to generalise. However, as a qualitative study the sampling methods chosen reflect a commitment to transferability, dependability and confirmability contrasting to positivist preoccupations of validity, reliability and objectivity (Guba and Lincoln, 1994). The logic behind the sampling



method lies in selecting information-rich cases and participants, to gain depth and understanding rather than generalisation (Patton, 2002).

### **Interview method**

#### ***Reflections on choice of interview method***

I am aware that observing practice through an ethnographic inquiry or an in-depth case study approach could have given a better sense of the actual nature of practice over and above professionals' views and evidence from case files. However, this had to be weighed against the possibility of distress and intrusiveness caused by my presence in potentially emotionally fraught situations and circumstances. The strength of my use of an interview method is that I was able to hear directly the voices and views of participants and rather than relying on my own interpretations of an observed practice scenario.

#### ***The researcher/researched relationship: redressing power***

The in-depth interviews were influenced by aspects of narrative inquiry. Although not strictly 'narrative' interviews, stories produced were an important part of understanding professional and parent experiences. This choice compliments the Foucauldian and post-structuralist feminist theoretical framework underpinning the study and use of feminist post-structural discourse analysis as an analytical method. Shunning 'expert-led' research and traditional assumptions around the researcher/researched relationship, narrative inquiry moves away from the 'idea that interviewees have answers to researchers' questions and toward the idea that interviewees are narrators with stories to tell and voices of their own' (Chase, 2005, p.660). Narrative inquiry as a method 'begins with the experiences as expressed in lived and told stories of individuals' (Cresswell, 2007, p.54). Through authorising subjugated voices and experiences, I aimed to transform 'the interviewer-interviewee relationship into one of narrator and listener' (Chase, 2005, p.660).

Allowing participants to express their personal accounts and subjectivities helped to 'redress some of the power differentials inherent in the research enterprise' (Elliot, 2005, p.17) although as I will go on to discuss power remained a dynamic process.

I was aware that as a researcher and akin to research participants I was also 'in the midst' of living a story (Clandinin and Connelly, 2000, p.64). As previously identified, I was not an emotionally detached researcher. I made my shared identities and differences (D'Cruz, 2000) known to the research participants. As a qualified social worker with experience of working as a project worker for Barnardo's and knowledge gained through my literature search I was able to share some common ground and identities (D'Cruz, 2000) with professionals, around policy and practice issues. I was also honest about differences: specifically that I had not worked within a local authority children and families team. This helped to build up trust as well as promoting discussion and rapport during the interview. Additionally, although my experiences and background differed greatly from those of the parents I interviewed, I identified with the mothers' experiences of being a woman and I shared knowledge of some of the groups they had attended and support they had received. In addition to sharing identities, I hoped that through the reassurance of informed consent process previously described the parents and professionals might 'expect a more sympathetic hearing' as a researcher who 'comes to the encounter with an attempt to understand rather than judge' (Slembrouck and Hall, 2003, p.46).

### ***Influences of narrative inquiry***

I viewed the narrative inquiry method as particularly useful given the emotionally sensitive nature of the study. As Chase (2005, p.656) suggests in addition to simply describing 'what happened' narratives also allow for the expression of 'emotions, thought and interpretations'. When participants recounted their experiences, they performed the 'self, experience, and reality' (Chase, 2005, p.657) including for example, the performance of defining neglect and constructions of subjectivities in

relation to experiences of being a parent. Although the interviews were not explicitly 'narrative' some of the questions asked encouraged responses which were narrative in form. More specifically, I encouraged the telling of different 'types' of narratives within the interviews. This included stories about particular events (Chase, 2005) including for example, asking parents to reflect on how the social worker explained why they were involved with their family. Narratives constructed also encompassed specific aspects of participants' life (Chase, 2005): specifically parents' experiences of being a mother or father. Professionals also constructed detailed responses about their professional life, for example, around their assessments of families and which family members they were most likely to engage with. Epiphanies (Denzin, 2001) or turning points were also identified, for example through the question *'Can you talk to me about any changes which have happened in your family since you became involved with Sure Start?'* often positive changes in parenting practices were discussed. Through this process I was specifically interested in the discourses that were drawn upon when participants were narrating and constructing their identities.

Attention was paid to how culture, and dominant discourses influenced how individuals shape their world (Fraser, 2004). Importantly, attention to language, including what is not said becomes crucial. This is explored in more depth within the data analysis and theoretical underpinnings sections. Importantly participant accounts were not viewed as representing an 'authentic' objective self (Chase, 2005) rather from the vantage point of the present I viewed 'narrators' (or participants) as interpreting 'the past in stories' rather than reproducing 'the past as it was' (Reissman, 2002, p.705). Narratives produced were viewed as a retrospective way, of understanding participants' own and others' actions, of ordering and connecting and seeing, the consequences of action and events over time (Chase, 2005). I was aware that accounts would be influenced by memory and aspects of experiences participants chose to

share. The identities presented in interview were interpreted as 'situated and accomplished in social interaction' (Reissman, 2002, p.701).

### ***Interview guide and questions***

The interviews then were typically exploratory, emphasising discovery rather than verification (Bryman, 1984). I adopted an inductive approach, beginning with research 'themes' as previously identified in the literature review, rather than questions. Although the interviews were semi-structured in part by an interview schedule this was used as a guide rather than a 'script' (Holstein and Gubrium, 1995, p.56) and attention was paid to new aspects of the research area (Kvale, 1996). The interview schedules are included in Appendix A. Aiming to move 'toward the idea that interviewees are narrators with stories to tell and voices of their own' (Chase, 2005, p.660), I allowed participants to break through this structure (Czarniawska, 1998) with their own relevancies about child neglect that I had not always considered. As a consequence the agenda of the interviews became 'open to development and change' (Hollway and Jefferson, 2000, p.31). The interview became 'active', as I encouraged 'contextual shifts and reflections' (Holstein and Gubrium, 1995, p.55).

The use of open-ended questions, with minimum interruptions, was crucial. Given the sensitivity of the research topic, questions were presented in ways that were more tentative, circular and multiple (Fraser, 2004). For example, when interviewing parents I was careful to ask questions that would not be interpreted as judgemental or blaming. Responses were invited by beginning the interview, with a broad question: *'I wonder if you could begin by talking to me about your experiences of social work involvement?'* inviting 'the other (or parent) to tell ... her story' (Chase, 2005, p.662). This often initiated a detailed response, at times producing a monolithic account incorporating painful, personal experiences. Questions including *'when were they first involved with your family?'* and prompting responses such as *'then what*

*happened?*' encouraged participants to translate their experiences and feelings into narratives (Fraser, 2004) and extend their initial responses (Mishler, 1986). These questioning techniques were also adopted within interviews with professionals. Similarly, I began interviews with professionals with a broad opening question, for example: *'Could you tell me about your experiences of working with families in cases of child neglect?'* In all interviews the use of probing questions also initiated more detailed answers, offering as Geertz (1973, p.3) suggests, 'thick description'.

### ***Transformative potentials***

I was also particularly interested in how participants resisted or transformed discourses as they constructed narratives (Chase, 2005), experiences and identities. I am in agreement with Fraser (2004, p.180) that 'individuals do not always take up the types of narratives that they are 'meant to''. Participants' stories were viewed as 'constrained but not determined by hegemonic discourses' (Chase, 2005, p.659). For example, alternative identities of the neglectful parent, explaining their position through structural understandings, resisted dominant individualising, stigmatising and pathologising constructions. Through this process participants' accounts contested and challenged 'taken-for granted beliefs, assertions and assumptions' (Fraser, 2004, p.182), dominant practices and discourses. Specifically, contesting the way in which less powerful groups (in this instance, neglectful parents and neglected children) are represented (Birch, 1998). Several parents and professionals told me that they had really appreciated and had found the opportunity to express their views and experiences particularly worthwhile. However, I am aware that I only interviewed those who felt comfortable being interviewed (Goode, 2000). Through giving voice to parents, a marginalised group, self-narration became beneficial to parents who perhaps needed to hear their alternative version of events (Chase, 2005) in the face of dominant discourses. Further both parents and professionals were pleased that others would also hear their voices

(Chase, 2005). When interviewing the parents, I intended to respond to positioning of themselves as 'victims of one circumstance or another' through self-stigmatisation, as well as 'agentic beings who assume control over events and actions' (Reissman, 2002, p.701), specifically through the incorporation of coping-strategies. Reinforcing the latter, recommendations were also asked, specifically regarding social work responses and interventions, looking towards an 'imagined future' (Gerson and Horowitz, 2002, p.206). By encouraging participants to express emotions and beliefs about how 'things should be' (Fraser, 2004, p.180), for example, by asking professionals and parents to recommend changes to social work practice in neglect cases, responses were also used as a form of 'strategy' (Foucault, 1987). Professionals were also able to use the interview as an opportunity to reflect on their practice particularly when I asked questions that problematised practice (D'Cruz, 2000). For example, by asking for specific examples of practice and through the use of probing questions, for example, around gendered practice.

### ***Further dynamics of power in the interview context***

Power within the interview context is not solely the possession of the researcher but is dynamic and fluid (D'Cruz, 2000). Similarly to D'Cruz's (2000) reflections, participants I interviewed held the power to withhold information or share it. On occasion professionals stopped answering questions half way through, a typical comment being "you probably know all of this anyway...". I reflected that this was perhaps the result of feeling that they held less knowledge about the research area. On these occasions I assured participants of their valuable contribution to the research. On other occasions, professionals, aware of my lack of experience of working within a local authority children and families team, explained processes and procedures in depth. I was also aware that despite assurances made to parents prior to the interview 'for the interviewee, the encounter comes with a 'charge' inviting a 'rebuttal'

(Slembrouck and Hall, 2003, p.46). Although I attempted to equalise the relationship between researcher and researched through ethical considerations, methodological and theoretical choices, the interview remained a 'mixed contact' (Goffman, 1963) situation. I was aware that given 'what the stigmatised individual may well face upon entering a mixed social situation, he (*or she*) may anticipatorily respond by defensive covering' (Goffman, 1963, p.17), particularly given that the participants might have assumed that I had already begun to judge them based on my knowledge of professional involvement in their lives. As a consequence of this defensive covering I reflected that certain experiences might not be shared or discussed. Expressing feelings and emotions, particularly about this sensitive topic, could be difficult to express in words. However, the interview is an 'interactional accomplishment' (Gubrium and Holstein, 2002, p.52). My own values and theoretical concerns and interests could have encouraged, through 'confirmatory responses', certain responses from participants.

### ***Empathic understanding***

Interview responses are embedded within the interaction between researcher and narrator (Chase, 2005). As Mishler (1986, p.82) suggests the interview is a joint production: 'the interviewer's presence and form of involvement – how she or he listens, attends, encourages, interrupts, initiates topics and terminates responses – is integral to a respondent's account'. The interview becomes a relational activity, encouraged through listening and empathising. Through the interviews I aimed to explore identities and subjectivities of neglectful parents, including giving voice to a previously silenced, marginalised group through this focus. Arguably, social workers are also often a silenced group within current research around child neglect and social work practice. I would argue that empathetic listening, inherent within my values and therapeutic skills developed as a qualified social worker and during my qualifying training enabled me to be empathic, taking 'the other's perspective ... a necessary step in constructive social change' (Frank, 2000, p.94).

Although structured by an interview schedule, detailed responses were enabled by restraining from interrupting the participants or directing them to a preconceived 'point' to the research (Mishler, 1986). Care was taken not to rush participants or question that narratives are nonsensical (Fraser, 2004), although I found it important, when appropriate, to sensitively share any interpretations or understandings of answers. This enabled the encouragement not just of a detailed description of what happened, but also an expression of emotions and interpretations (Chase, 2005). On occasion within interviews there were long pauses or silences. They occurred when participants were reflecting and thinking during interviews and also when attempting to converse particularly painful experiences. I recognised that these silences are also important (Mishler, 1986) in allowing participants time to think and reflect and responded by not 'hurrying' participants to answer through interruption and prompting questions.

## **Data Analysis**

### **Recording and transcribing**

All of the interviews were recorded using a Dictaphone. I transcribed all of the interviews. This became an important part of the analysis, as I became closer to the data. I also noted pauses and emotional tone of the interview within the transcripts.

### **NVIVO**

I used NVIVO to begin to identify and analyse the main themes within my data and the discourses and subjectivities emerging. Each theme was coded, creating a 'node'. 419 different nodes were created in total, including case file and interview data. These nodes were also categorised according to overarching nodes (see Table 5 below). Examples of the subjectivities coded under the overarching node of 'Mother's identity' included: 'Mother: needy and dependent', 'Mother: lazy' and 'Mother:



defensive'. This process then was not used as a quantitative coding method but to begin to analyse and think about complex discourses and subjectivities.

Table 6: Overarching nodes

<b>Overarching node</b>	<b>Sub-nodes (number)</b>
Definition of neglect	44
Context of neglect	36
Challenges/constraints to practice	32
Engagement	19
Influences on professional practice	20
Professional knowledge, theory and values	14
Mother's identity	21
Father's identity	8
Child's identity	4
Assessment of neglect	26
Parents' views of professionals	63
Influences on parents' parenting/views on being a parent	10
Positive outcome	28
Recommendations	18
Outcome	28
MISC	48

A feminist post-structural discourse analysis approach (FPDA) was used to analyse the interview and case file data. This approach incorporated

the theoretical underpinnings outlined, specifically drawing upon Foucault, feminist post-structuralism and 'performativity theory' (Butler, 2008, p.189) and deconstructive textual analysis (Fawcett, 2000; Opie, 1992). The analysis explored how child neglect was 'performed' within social work practice, in the context of definitions, responsibility for neglect, assessment and interventions. This encompassed analysing the subjectivities that were 'performed' within interview text and case file data, specifically in relation to mothers, fathers and children. Within this analysis 'gender differentiation' was seen to be a 'dominant discourse among competing discourses when analysing ... text' (Baxter, 2008, p.2), interacting with wider dominant and service level discourses (see Figure 1). In considering the consequences of dominant and normative performances, the analysis also drew more specifically upon Foucauldian strategies and techniques of governmentality. The components of the analysis are described below: performances of subjectivities, representation of subjectivities and analysis of language and transformative potentials of FPDA. Drawing on Strega's (2009) analysis, key questions to help inform the analysis are incorporated at the end of each component.

### ***Subjectivities***

FPDA is '*anti*-materialist' taking the view that 'social realities are always discursively produced ... speakers do not exist outside discourse ... We make sense of our existence through such discourses – pre-existing knowledge systems which constantly mediate our thoughts and experiences (Baxter, 2008, p.4). Identities then, were not treated as 'essentialist accounts' that discover 'truth' but as context specific, with discursive practices operating (Fawcett, 2000). Given that the study was concerned with the performative nature of identities (Butler, 2008), emphasis was placed on how subjectivities were constituted in the text by drawing upon different discourses. This also incorporated how subjects themselves apply discourses when constructing their own identities. As Fawcett (2000, p.69) elaborates, a deconstructive reading involves

examining 'not only on how a subject is positioned in the text, but also upon how they in turn position themselves and utilise the discursive or cultural or ideological resources at their disposal'. The discourses that were drawn upon in the study are summarised in Figure 1. Subject positioning incorporated wider dominant discourses including legal and economic discourse and those more specific to the social work profession, for example, service discourses including psychology and sociology, social work values and theories. Attention was paid to those discourses that were privileged (Davies, 2006) when constituting subjectivities: those that appeared to be presented as 'common sense' and natural. Within case files and interview data, emphasis was placed on how experiences of the 'marginalised' were positioned by professionals in order to maintain a particular view of the 'other': certain subjectivities gained 'textual authority' (Opie, 1992, p.56). Taking a feminist stance, the way in which the coherence of gender is naturalised (Butler, 2008) through discursive differences between men and women (Sawicki, 1991) was revealed. The analysis explored how dominant binary understandings of femininity and masculinity constituted the performance of subjectivities when thinking about child neglect, for example, the ways in which these dominant identities positioned women as responsible for neglect whereas men were excused. The analysis also encompassed how other binary relations constitute subjectivities, for example neglected child/healthy child.

To provide an example, the analysis explored the way in which mothers' responsibility for neglect was upheld as obvious or common sense (Strega, 2009) through re-producing individualistic understandings of neglect embedded within psychological thought. Gender and class discourses were implicit within this positioning. The analysis uncovered the way in which assumptions arose from this positioning, for example, the self-absorbed and 'needy' neglectful mother unwilling to address their own needs and/or protect their children from risky men are held as solely responsible for being unable to meet the needs of their children and protect them from harm. Drawing on Foucauldian thought the way in

which governmentality relies upon individualising practices was revealed. Categories of identities within texts were viewed as 'performative' products of power and knowledge regimes (Jagger, 2008). Attention was paid to how these identities were re-produced and 'sustained' (Jagger, 2008) through performative acts (for example, the act of 'gendered caring'). Specifically, the analysis identified how governance relies on dominant and normative performances of subjectivities, viewed as inherent to the techniques that are employed by professionals in order to instil self-responsibility and self-reliance, including risk management strategies (Pollack, 2010), normalisation, moralisation and empowerment.

*Key questions:*

- Which subjectivities are constituted in the text (for example, father as 'breadwinner')? Which discourses are drawn upon in constituting these subjectivities?
- How do subjects re-produce discourses when constructing their own identities? Which discourses are drawn upon?
- Which subjectivities are given weight/preference?
- Which discourses are privileged when constituting subjectivities, appearing as 'obvious' and unproblematic?
- How do binary categories (for example male/female, neglected child/non-neglected child) constitute identities and re-produce discourses?
- What are the consequences of these performative identities, specifically in terms of responses and interventions?
- How do dominant subjectivities inform techniques and strategies of governance (for example, risk management, normalisation and empowerment)?

***Representation of subjectivities and analysis of language***

Given that FPDA aims to represent multiple voices and subject positions, it was ensured that 'the coexistence of distinctively different voices and

accounts' (Baxter, 2008, p.5) were presented within the findings section. More specifically this involved incorporating parent's marginalised voices together with more dominant and accepted voices of professionals. As Baxter (2008, p.5) elaborates, a FPDA 'aims to include *minority* voices alongside more official and openly recognised accounts in order to make space for voices that would otherwise be silenced'. Given that it is through language that subjectivities and a sense of self are created (Weedon, 1997), a focus on language becomes an important component of the data analysis. Inferences to discourses were made through attention to the language used by participants and within case file data. For example rhetoric relating to and drawing upon attachment theory. Opie's (1992, p.59) emphasis on 'writing in voices' was incorporated with attention paid to the intensity of the speaking voice, including use of repetition and emphasis. Attention was paid to when subjectivities and particular ways of performing neglect were repeated, emphasised and sustained and the consequence in terms of significance and dominance. Contradictions and their significance were also identified. For example, there were occasions when women positioned themselves according to dominant discourses of femininity and individualised understandings of neglect and then offered an alternative subjectivity drawing on structural and economic understandings. As previously discussed the emotion of participants emphasised what was being said, for example, feelings of pain, anger and distress. Significance was also paid to what was not said, to omissions and gaps (Fawcett, 2000).

### *Key questions*

- Which words/views are repeated and emphasised within performances of child neglect?
- How do expressions of emotion (for example, pain, anger, distress, joy) contribute to what is being said?
- What is the connotive meaning? What do specific words and phrases connote, particularly in relation to discourses?

- In addition to subjectivities that are valued, which are marginalised (Strega, 2009)? Which discourses are omitted? What is the significance of these omissions?

### ***Transformative potential of FPDA***

In contrast to modernist emancipatory goals, feminist post-structuralist discourse analysis has a 'transformative quest' (Baxter, 2008, p.3). Given that subjects are positioned but are also capable of negotiating discursive positions (Fawcett, 2000), one of the main aims of the analysis was to incorporate these multiple, competing and contradictory positionings, particularly through the inclusion of parents' narratives. FPDA means giving voice to marginalised or silenced voices (Baxter, 2008, p.3). Deconstruction makes it possible to articulate and represent the views and perspectives of marginalised populations whose voices are suppressed in logocentric texts (Nuccio and Sands, 1992). This incorporation of oppressed and multiple voices and performances of alternative subject positions became a way of questioning dominant thinking and subjectivities that rely on essential and binary thinking. Baxter (2008, p.3) argues that FPDA believes in complexity as opposed to the polarisation of subjects, challenging the 'ways in which modernist thinking tends to structure thoughts in oppositional pairs'. An analysis that incorporates complex and multiple positions 'challenges the notion of rationality, affirms instead a much more unstable, decentred notion of self' (Opie, 1992, p.60). Attention was paid to the way in which participants shifted between subjectivities offering different levels of 'powerfulness and powerlessness' (Baxter, 2008, p.3). Importantly it was considered that this shift can occur 'within a single speech context, or literally *within* a few moments of interaction. It can even happen *simultaneously* (Baxter, 2008, p.3).

The incorporation of marginalised, usually silenced voices and subject positions becomes potentially transformative: their inclusion and unmasking of their invisibility offers an alternative therefore questioning of dominant ways of thinking. As Opie (1992, p.64) elaborates,

deconstructive textual practice can become transformative 'through the incorporation in ... research of participants' multiple and very different voices, so that the way that ideology can smooth over differences is disrupted and questioned, and through the encouragement ... of individual and collective challenging of the system'. Further, FPDA can support 'small-scale, bottom-up, localised social transformations that are vital in its larger quest to challenge dominant discourses (like gender differentiation)' (Baxter, 2008, p.3).

### *Key questions*

- Which alternative subject positions are offered within the texts?
- Which multiple, complex and contradictory subjectivities exist within and between narratives?
- How do these positions challenge dominant and accepted subjectivities? How far do parents' 'performances' of child neglect contribute to and/or challenge professional constructs and performances of neglect?

### ***Self-reflexivity***

I realise that as a researcher I have a certain amount of control over the data analysis. This encompasses which quotes to include, which themes and performances are given emphasis and the interpretation of discourses and subjectivities. I am in a position of power both to 'translate and interpret' (Birch, p.189) participants' narratives. The way participants express their views is very different from academic writing and theorising. I am aware that 'the ways in which we write and represent their (participants') words to an academic audience, we may in fact reinforce and contribute to inequalities of power' (Ribbens and Edwards, 1998, p.186). By using a language that is 'inaccessible' to participants, 'hierarchies of knowledge' are created (Birch, p.195). However, I aimed to support my interpretations of the data with extracts from the interviews and case files. This allowed the voices of participants to be heard in their own words. Further, Baxter (2008, p.4) argues that the data analyst

becomes an 'author' with some control over their research, but that 'control' is 'tempered by hegemonic constraints: the number of subject positions made available to authors/ researchers by the conventions of academic research and publishing practices is limited'. As a self-reflexive researcher I realise that my analysis is subject to those discourses that are available to me and many more may be interpreted from the data.

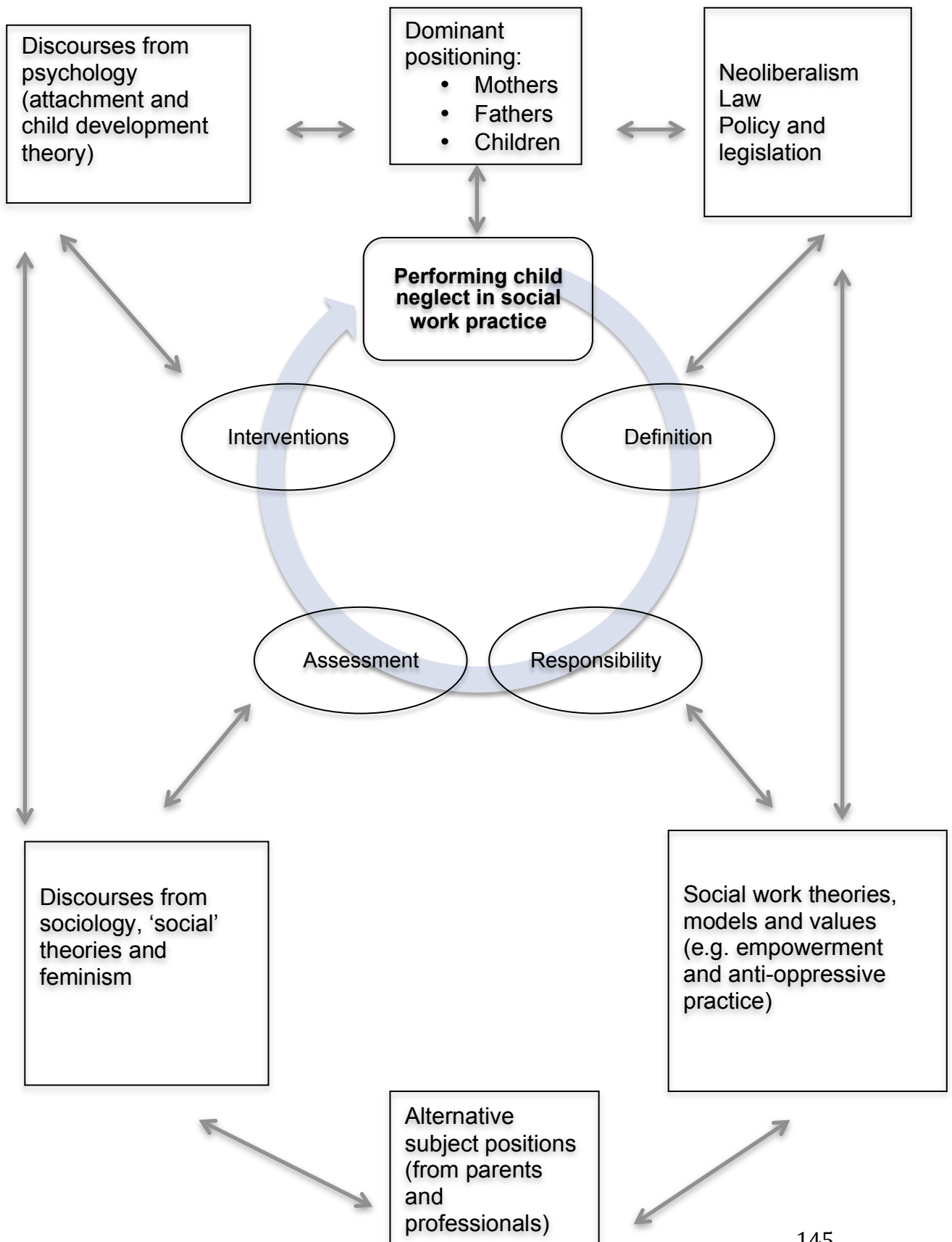


## **Chapter 7: Definitions and practice discourses of neglect**

### **Introduction**

This chapter explores how neglect is defined specifically within constructions of legal definitions and practice discourses of neglect. It embeds these constructions within a continued concern about the 'neglect of neglect' amongst professionals. Re-producing legal discourse it identifies 'official' constructions of child neglect and how this 'legal' definition, 'codifies' practice priorities. The chapter explores how normalising judgements (Foucault, 1977), one of the techniques enabling the success of disciplinary power, is central to practice conceptualisations of neglect in which judgements about families are based on divergence from the 'norm'. The weighting given to certain aspects of child neglect are also analysed. It identifies the discourses, which are re-produced through this normalising gaze and the subjectivities, specifically, of the mother and child that this gaze produces. Crucially it identifies how discourses of child neglect are gendered, drawing upon hegemonic norms of femininity and masculinity. It analyses how these framings are endorsed and accommodated through the performance of gendered caring. Figure 1 below summarises the interacting discourses and subject positions that were produced in the 'performance' of child neglect in this study. The chapter goes on to identify the implications and consequences of definitions and practice constructions for evidencing neglect, deemed responsibility and the interventions that it produces.

**Figure 1:** Performing child neglect in social work practice: interacting discourses



## **Neglect of neglect**

Several professionals expressed concerns about the 'neglect of neglect' (Wolock and Horowitz, 1984), widely acknowledged by researchers within the child maltreatment field (Dubowitz, 2007; Gabarino and Collins, 1999; Hildyard and Wolfe, 2002; Wolock and Horowitz, 1984). For example, Scourfield (2000, p.365) argues that during the 1970s and 1980s, research focused on sexual and physical abuse respectively, resulting in the 'marginalisation of concern about child neglect'. Professionals were in agreement that neglect was sometimes viewed as less serious and urgent in comparison to physical or sexual abuse. As a result, neglect cases could be closed or 'fall by the wayside' despite on-going risk issues:

*'I think people are tightening up on neglect now. It is something that they are moving forward with and trying to get a better grip on because it's something that just falls by the wayside ... neglect is often mixture of low level issues, rather than the blue flashing lights stuff you get with physical abuse and sexual abuse' (Social Worker 1)*

Sure Start Professional 3 suggests that media coverage of serious cases can influence which issues in terms of neglect or abuse, are given priority. This reflects Stone's (1998, p.88) finding that 'whereas physical and sexual abuse were frequently reported and commented upon in the media, neglect rarely intruded into the public consciousness':

*'there are cases which Social Care have closed even though there are issues around low level supervision, parents being negative ... that gets closed. So I think at the moment and everything in the media as well, there's a huge panic around ... where a child had been physically harmed so that's getting picked up on quicker' (Sure Start Professional 3)*

Professionals suggested that neglect then, was often viewed as secondary to, overshadowed by and as a by-product of other forms of abuse. Reflecting on a recent complex case of neglect and physical abuse, Social Worker 1 identified that this assumption resulted in warning signs of neglect not being fully identified or established. This reinforces Stone's (1998) finding that neglect is often filtered out of the system at

various 'thresholds' and ignored until a specific incident of physical or sexual abuse arises:

*'the children were removed this time last year because of concerns about child cruelty. The children were locked in their rooms at night, were physically abused, there was lots of shouting and swearing in the house, but neglect is being viewed as a by-product of that and that element is being overshadowed by other issues. So, the children had gone to school a little bit unkempt, that hadn't really been fully identified, the children were late for school but that wasn't properly identified ... they were some of the underlying issues, possibly warning signs that things were going wrong ... but certainly had never been brought to the forefront'*

Importantly neglect was also seen as secondary when presenting cases within court or at child protection conferences:

*'those issues, often become the secondary factor when we are presenting cases to court or child protection conferences. The neglect side of it is often a secondary factor to the other stuff which is seen more as blue line, more imminent risk' (Social Worker 1).*

Supporting findings that neglect cases are often perceived as non-emergencies, characterised through their long duration (Swift, 1995), social workers reported that cases were often longstanding. They suggested that situations occurred where children were left in a 'situation' for a prolonged period of time in order to prove a case of neglect and the detrimental long-term impact on the child. Several professionals referred to the requirement to establish two years of *evidence* of neglect before court would consider the case. Social Worker 1 elaborated that this might involve a year of family support, under the category of children in need prior to a child protection conference. This would be followed by a year of children being subject to a child protection plan before the case eventually reaches court. Professionals also discussed that there was often an air of optimism when it came to neglect cases, seen as more reversible when compared to cases of abuse. Sure Start Professional 3 comments:

*'I think neglect can be seen as something you can work with to try and change whereas I think in other situations .... It seems in other situations it's more irreversible'*

### **Defining neglect: legal and legislative influences**

Professionals' 'official' definition of neglect drew upon legal and legislative discourses. They constructed a multifaceted definition, re-producing *Working Together's* (HM Government, 2010) definition and the broader dimensions of the *Framework for the Assessment of Children in Need and their Families* (DoH, 2000). Typically, professionals provided a list of caring categories, focusing on parental failure to provide and omission in care. Similarly within case file data there was frequent reference to parental failure to meet children's basic needs. This emphasis reiterates a focus on parental omission in policy and legislation. Neglect is defined within *Working Together* (HM Government, 2010, p.39) as the 'persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development'. Further, common conceptions in academic discourse are centred on parental 'omissions' and a failure of parents to meet a child's basic needs (Garbarino and Collins, 1999). Wolock and Horowitz (1984, p.531) for example, define neglect as 'failure of the child's parent or caretaker who has the material resources to do so, to provide minimally adequate care in the areas of health, nutrition, shelter, education, supervision, affection or attention and protection'. Sure Start Professional 5 exemplifies:

*'neglect is not providing a suitable home, suitable clothing, diet ... not ensuring that your child meets all their hospital appointments, dental appointments, immunisations, goes to school, has an education, that you don't keep your child safe from harm .... it's not giving your child the opportunity really to thrive and that would be education, health, socialisation. It would be all of those things, your child's emotional needs, all of these factors come under neglect'*

This legally informed definition leads to the assertion of a dichotomous categorisation of neglect, in which the child is/is not neglected (Newcomb and Locke, 2001; Polansky, 1981). Translating experiences into the

category of neglect dictated by legislation and policy involves identifying parental omissions of care based on normative judgements. However, there was an omission of consideration of the standard of care, which would warrant a neglect categorisation, specifically of the terms 'severe' and 'persistent' within the *Working Together* (HM Government, 2010) definition. Professionals suggested that this lack of clarity stemmed from the broadness and vagueness of definitions provided by the 'government'. For example, Social Worker 2 defined neglect as broad, encompassing dimensions on the 'assessment triangle':

*'professionals' perceptions open to neglect can be across the board, it can be across every lifestyle ... every single dimension of the Assessment Framework'*

Legal definitions of neglect were viewed as a 'grey area' (Social Worker 8), or as Sure Start Professional 3 suggests 'wishy washy'. She goes on to suggest that the broad policy definition influences this vagueness: 'so either anything could be neglectful or it gets to the point where it is so vague nothing really is'. Sure Start Professional 4 complies with the view that the legal definition poses difficulties when pinpointing what neglect is in practice: 'it just covers such a wide gambit of everything that's the difficult thing, that it's then hard to kind of go that's what neglect means'. Importantly, although definitive legal and policy definitions exist 'you've also got to make judgements you know'.

Despite a concern of the continued existence of the 'neglect of neglect', all practitioners agreed on the seriousness of neglect and its deleterious impact on children. Drawing upon knowledge of developmental psychology, professionals constructed the neglected child as not meeting expected milestones and experiencing developmental 'delays'. This will be explored in the discussion on evidencing neglect later on in this chapter. Further this co-existed with knowledge of policy and legal discourse, specifically *Every Child Matter's* (HM Government, 2003) five outcomes. The neglected child was positioned in relation to the 'normal' child who is able to achieve these milestones and achieve normal development. A judgement of neglect was made when parenting was

viewed as not 'good enough' for children to meet the five outcomes. A focus on developmental delays, links to 'Significant harm', identified in section 47 of the Children Act (1989). Social Worker 7 exemplifies this point:

*'when the parenting isn't good enough, when isn't good enough for children to meet the five outcomes, so children aren't going to achieve their potential, they're not going to have the quality of life that they should have. When children are neglected in any way it impacts on their ability to develop, to fully develop' (Social Worker 7)*

Professional reflections on the categorical legal definition of neglect 'codified' practice in which professionals prioritised 'high risk' or neglect cases through the techniques of normalisation and surveillance. There was a translation of legal priorities and omissions to practice. For example, within professionals' legal constructions there was a lack of structural and contextual factors, including poverty and low income. Normative judgements were confined to the family. Further, a focus on parental omissions excluded a more child-centred definition, described, for example, by Dubowitz (2007, p.604) as 'occurring when children's basic needs are not adequately met, rather than focusing on parental or caregiver omissions in care'. In addition, there was a lack of discussion around specific terms within the *Working Together* (HM Government, 2010) definition, notably 'persistent' and 'severe'. Although high-risk child protection cases are included within this definition lower end or 'children in need' cases where children may be displaying 'early' signs of neglect are not encompassed. In the proceeding sections of this chapter these legal priorities and omissions are embedded or 'codified' within practice definitions, operationalising and evidencing neglect.

### **Practice discourses of neglect: performing gendered caring (or lack of it)**

Two main discourses existed within practical constructions of neglect in this study: physical neglect and the emotional impact of parenting styles (Scourfield, 2003). These discourses reiterate the influence of findings from the Bridge Child Care Consultancy (1995) and *Child Protection: Messages from the Research* (DoH, 1995), cited in Scourfield's (2000) study. The former emphasise physical neglect and the servicing of the child's body, 'their neglected child is dirty and smelly' (Scourfield, 2000, p.369), whilst the latter is embedded within the discourse of the emotional impact of parenting styles characterised as 'low warmth, high criticism' (DoH, 1995, p.19). Despite indications that neglect was viewed holistically, when defining neglect, practical constructions were weighted more towards an absence of physical care needs rather than emotional neglect. Physical neglect tended to be defined in more detail and depth than emotional neglect. This reiterates findings from studies that identify that physical and safety needs tend to take priority over concerns surrounding emotional neglect and poor nurturing (Swift, 1995).

#### ***An absence of physical care***

A focus on the child's body was inherent within constructions of child neglect as highlighted by professionals. This echoes Scourfield's (2000, p.370) suggestion that the 'practical construction of neglect is more influenced by the discourse of servicing the child's body', used as a way of judging parenting. Signs of neglect were visible on the child's body: the neglected child was frequently depicted as dirty, smelly, scruffy and often wearing inappropriate or 'raggy' clothing. These are signs or evidence of the parental failure to meet the physical care needs of the child and are used to make a decision about the standard of care. This depiction was also viewed as 'stereotypical' or 'basic'. The following quotes provide examples of this construction of the neglected child:

*'I suppose the whole stereotypical definition of a neglected child is a child who is dirty, scruffy, smelly, that looks sort of*



*downtrodden and unfed and unwell, your basic definition of a sickly child' (Social Worker 6)*

*'I mean you've got your image in your head of the street urchin, the old fashioned ... mucky face, dirty raggy clothes, that's so obviously neglect and all that does count' (Team Manager 2)*

*Education are concerned about the children arriving at school sometimes in clothes that smell and are dirty. The children appear tired and at times, grubby in their appearance, ie. unwashed (Case 5)*

Concerns were also expressed about inappropriate clothing or not ensuring that children were wearing appropriate clothes for weather conditions. This was linked to a concern that parents did not recognise the impact of this on the child:

*X (mother) does not ensure the children are appropriately dressed, nor that the clothing they wear is appropriate for the weather conditions ... X (mother) does not appear to accept or understand the potential impact upon the children if they are not provided with appropriate clothing (Case 5)*

There was also a concern that other children at school would notice children who were dirty or smelt, as Team Manager 2 commented:

*'we've said to mother, look you're not meeting health appointments, the child smells ... you know, unkempt, other kids are noticing that'*

This is also raised within CIN 1:

*X raised concerns as X (child) was coming into school with his clothes to be washed but at this point in time had a very pungent smell about him, which was being noticed by the other students (CIN 1)*

Unaddressed health needs were also constructed as signs of neglect. Within case file data and interviews with professionals, indications of neglect were expressed through the parent not responding to their child's health needs, not seeking medical attention or meeting health appointments:

*'I guess most of the cases I've worked with, their health needs have been neglected, so it's not getting to hospital appointments, not getting the baby weighed ... if there's a problem, not getting that followed up, if they've got a rash or have been vomiting' (Sure Start Professional 6)*

Concerns surrounding food, diet and nutrition also featured. Concern was expressed about the child being 'hungry', 'starving' and not receiving three meals a day. Observations were also made that food provided was often unhealthy and lacked nutritional value, with reference made to parents providing ready meals, take aways and frozen foods. Fruit and vegetables were often described as being absent from children's diet. This construction exists in opposition to the thriving and healthy child and the notion of the 'proper' regularly cooked dinner (Charles and Kerr, 1988), viewed as vital for the health and welfare of the family (DeVault, 1994). The following case notes exemplify this:

*Freezer - full, cupboard - tins of beans, spaghetti, fridge - butter and two bottles of Lambrini (Case 5)*

*last week she was seen to be 'starving' and said she had no lunch and she was given extra food. X (mother) was spoken to and denied this stating she had provided meat and veg. The following day, X (mother) reported X (child) was ill. She did not know what a banana and carrot was (Case 1)*

The performance of neglect occurs in relation to the normative stances enshrined in legislation and social work practice. As will be discussed these discourses are gendered in relation to hegemonic norms of femininity in which mothers are upheld as responsible for the care of the home and children. Nurturing is equated and associated with femininity. The professional performance of neglect produced and endorsed these hegemonic norms. In addition to the physical appearance of children, the 'state of house' dominated professional thinking around neglect. Concern surrounding the state of the home occurred within seven cases. Both Swift (1995) and Scourfield (2003) identify dirt and disorder as a characteristic of physical neglect. Similarly, within professional reflections on their practice and in case file data there was a preoccupation with dirt, smelliness, disrepair and chaos in the home. The neglected home,

characterised by chaos, uncleanness and messiness was judged against normative societal expectations of 'an acceptable standard of home care' (Drake, 2005, p.18): orderliness, cleanliness and tidiness.

Team Manager 2 reflects:

*'the state of the house as an example ... the wardrobe door is hanging off, it's grubby ... there's clutter everywhere ... you know the house you walk in and you have to take a breath when you walk in because you can smell the food or the nappies or the dog'*

Issues around cleanliness in the home were clearly viewed as a risk to children's health and a child protection concern. Concerns around home conditions could also dominate within a referral to children's services, warrant a case opening and provide evidence for the adverse impact on the child. Reiterating Scourfield's (2003) research, descriptions of home conditions were often sensory. As Pink (2004) suggests, relationships with the home are bound with sensory experiences of it. She describes how metaphors of smell, sound and vision are used as a means to represent these experiences. In CIN 4 a detailed visual description of concerns surrounding home conditions, centred on dirt, through the repetition of the word 'filthy', and chaos, is provided within the recording of an initial assessment visit. This sensory description of smelliness, dirt and chaos is judged against moral values of cleanliness and order (Pink, 2004):

*Whilst at the address it was noted the house was absolutely filthy. The parents had a double mattress on the living room floor which looked as though the parents and young child had all been sleeping on prior to Police arrival, the mattress was very grubby and the covers filthy. The kitchen door and downstairs was completely blocked by an array of furniture, black bags and rubbish. The kitchen sink was piled high with absolutely filthy pots and pans. The cooker was covered in filth and grease, it had not been cleaned in months ... each of the three bedrooms had black plastic bags containing clothes, and dirty old toys. The bathroom was in a filthy state, the toilet was very dirty and the chain did not look as though it had been pulled for a while and the sink was filthy with dirty underwear soaking in it. Access up the stairs was blocked by an array of further black bags. The back garden was piled up with*

*discarded furniture and clothing. The house seemed to be a danger zone for a young child, due to the amount of obstacles littering the house, not to mention the filthy state of the place, the house smelt dirty and all the carpets were dirty (CIN 4)*

In Case 5 issues around the mother's neglect of home conditions, specifically, from the outside of the house, dominate in the initial referral form to children's services. Later on in the case file the professional expresses concern about the adverse impact of poor home conditions on the child's health, particularly of cleanliness in the kitchen and bathroom areas:

*Unplanned visit to family home at X as had seen X (child) in school yesterday and he had headlice. Had planned to give mother a prescription for a bug busting kit whilst in the area. Concerned about the conditions observed outside the house - no access inside and no answer. 1.Curtains partially closed and hanging off rails 2. Lights on 3.Large black flies buzzing around inside of front door 4.Mould growing around inside of lounge windows X (child) informed me yesterday that his mum is trying to make the downstairs of the house better because that is where people come to see her. She hasn't done the upstairs yet. X stated that X (child) does not have a bed; he sleeps on the couch with mum or on a quilt on the lounge floor. X (child) stated he has 3 meals per day including free school meal but is often quite hungry (Case 5)*

Through this focus on an absence of physical care and maintaining adequate home conditions women are upheld as responsible for neglect. The association of women with care and nurturing (Edwards, 1998; Scourfield, 2003; Turney, 2000) and the assumption of women as the primary carer (Daniel and Taylor, 2006) remains. Women assume more responsibility for providing the physical care and material needs of children: cleaning them, feeding them (Chapman, 2004) and responding to their health needs. Further, despite the presentation of a more democratic unit in modern family ideology, women still spend more time in the home and on housework maintaining the domestic order (Munro and Madigan, 1999, p.114). Home conditions are central to gender identities within the home, enabling judgements to be made about women who do not meet acceptable normative standards. Drake (2005, p.17) suggests that the ordered and settled home resonates with the 'fantasy'

of the 'good mother'. Similarly, the notion of the 'proper' dinner is an, 'important part of the symbolic production of socially and culturally acceptable feminine positions' (Bugge and Almas, 2006, p.203). The 'good' mother exists in relation to an 'other': the 'bad' mother. It is consequential then, that the neglected child and disordered, unsettled and dirty home resonates with the 'bad' neglectful mother. Through the construction of the neglected child and home it is women who are upheld as perpetrators. In Chapter eight discourses of the gendered nature of responsibility will be further explored in detail.

In addition to professionals judging parenting on the adequacy of physical care and home conditions, Mother 4 asserted her parenting role with reference to her ability to keep a clean, ordered and tidy home, reproducing dominant ideals of the mother's role and responsibility within the home. In constructing this discourse she distanced herself from the 'bad' mother who is unable to carry out these responsibilities. She repeated the words 'lovely', 'warm' and 'clean' when reflecting on a visit from a social worker:

*'he (social worker) went "well the house is lovely and clean" ... he went "it's lovely and warm in here' (Mother 4)*

Mother 7 uses the phrase 'I hold my hands up' to express her strong feelings of responsibility as a mother for poor home conditions. This is despite experiences of depression routed within an abusive relationship contributing to her inability to parent effectively. She goes on to emphasise that she has been able to make changes to become 'clean' and 'tidy', normalising parenting behaviour (around the state of the home) and re-attaining her position as a 'good mother'. This constitutes part of the performance of 'looking promising' and therefore 'deserving of help' (Callahan et al., 2002). This process of self-governance will be explored in more depth in Chapters eight and ten:

*Beth: 'So thinking back to when the social worker first became involved, can you remember the kind of issues they were focusing on?'*

*Mother 7: 'Yeah, it was mainly the house, poor conditions of the house because I wasn't really looking after it to be honest but I didn't realise, I hold my hands up'*

*Beth: 'So can you remember what kind of advice they gave you?'*

*Mother 7: 'Just tips on the home as well, make sure everything is clean and tidy before you go out ... make sure the children are clean and tidy'*

Mother 5 reproduced the discourse around women's responsibility for providing a 'proper' dinner. In contrast to Mother 7, she positions herself as less accepting of the concern with mothers who do not cook or who cook the wrong types of food for their child(ren):

*'about me being drunk, living out of fish shops the main concern but I was feeding the kids at the end of the day'*

### ***Emotional neglect***

Although emotional neglect tended to be defined in less detail by professionals and often following a description of physical neglect, it existed as an important construction of neglect in cases. This supports Horwath's (2007a) finding that 75% of respondents agreed that high-criticism, low-warmth environments are damaging for a child. Concerns surrounding lack of stimulation and positive interaction between the parent and child were addressed within four cases. It has been suggested that psychological and development theories as considerations are given less significance in a neo-liberalist context of legalism, risk thinking and bureaucratisation (Howe 1996; Parton, 2009). In this view, it is argued that social workers increasingly rely on gathering information, surface considerations (Howe, 1996) and identifying forensic evidence, as subjects are classified and categorised according to standardised forms and databases (Parton, 2009; Parton, 2011). Professional definitions of emotional neglect provide some support to claims that the erosion and importance of the 'psy' complex has been exaggerated (White, 1998). Emotional neglect was defined in terms of parental 'omissions' (Swift, 1995), specifically of emotion, warmth, stimulation and guidance. Direct

reference was also made to 'attachment' or 'bonding' issues. The following quotes exemplify this definition:

*'Not offering children appropriate stimulation in the home ... emotional, it falls under not being emotionally warm that's emotional neglect' (Social Worker 1)*

*'In terms of a child's needs in terms of warmth and stimulation, language and development it might not be there' (Team Manager 1)*

*'I've had families through the door particularly, you know, around bonding issues and attachment issues' (Sure Start Professional 7)*

*'Neglecting their emotional needs, I think some parents struggle with playing with their baby' (Sure Start Professional 6)*

Within a minority of case files a judgement of emotional neglect was made through observations of the mother and child. Within these observations a comparison is made to the 'active, reciprocal' (Holmes, 1993, p.107) secure attachment type, in which the mother is available, responsive and helpful, providing a secure base of 'safety, comfort and warmth' (Howe, 1995, p.53). In Case 4 an absence of reciprocity, emotional bond and positive attachment relationship was identified through observations of the parent and child together. Failure of the mother to form a positive attachment with her child is evidenced through observations of 'rejection', a lack of physical contact and the way in which she talks about her child. The child is described as not meeting 'age appropriate developmental levels' as a result of an absence of parental guidance and encouragement. This reference to developmental delay, which will be explored in more depth in relation to evidencing neglect, draws on psychoanalytic theories of child development, which outline the developmental stages and the age at which milestones occur (Berk, 2010):

*X (child) has not reached an age appropriate developmental level where he is able to drink from a feeder cup and was observed drinking from a bottle, however, this appears to be due to lack of parental guidance and encouragement.*

*X (child) was climbing to get himself up onto her knee and to seek ways to amuse himself due to the lack of stimulation and attention he was receiving*

*Capacity: it was unanimously agreed by all professionals that X (mother) has failed to form any form of positive attachment to X (child).*

*As observed by workers, there is very little emotional bond between X (mother) and X (child) and at times there is complete rejection.*

*X (mother) was observed to X (child). Even when he hurt his head on a radiator valve there was no sympathy for him (Case 4)*

There was also an indication that knowledge of Ainsworth's 'strange situation' test, used as an assessment of attachment (Goldberg, 2000) was influential within observations of contact between the mother and child in this case. In the extract that follows, the child is described as 'not immediately' going 'to his mother'. This situation is compared to a securely attached relationship where the child reaches out to the mother following separation (Holmes, 1993):

*Direct observations of contact between X (mother) and the children did not evidence any nurturing, reciprocal relationship. When X (child) entered the room he did not immediately go to his mother, but did seek a cuddle later and was given a small hug without any real kindness attached (Case 4)*

In CIN 3 the child is described as having a 'healthy attachment' to his mother through an understanding of elements associated with the 'strange situation' test:

*Children's needs: X (mother) appears to have a healthy attachment to his mum whom he seeks out in the presence of strangers and at times of stress. X (child) has been observed to have age appropriate behaviours reflective of a child who is familiar with some boundaries being implemented into his care (CIN 3)*



Neglectful mothers were described as having difficulties 'showing' and being unaware of the need for appropriate nurturance, stimulation and warmth. Emphasis was also placed on an absence of age appropriate toys and books within the home. Case 4 and 5 exemplify this point:

*Observed to have very little to stimulate him ... It was observed there were only four toys and a small bike in total at the family home for all the children. It was observed X (child) has no safe place to explore and no age appropriate equipment available to him, ie. appropriate number of toys, high chair, safety items ... X (mother) is unable to see the importance play has on X (child's) developmental needs. She also does not comprehend the need for interaction and stimulation (Case 4)*

*X (mother) appears to have difficulty in showing emotional warmth towards her children ... X (mother) appeared not to fully understand the necessity of providing appropriate stimulation for her children (Case 5)*

Professionals emphasised that emotional neglect could be present without physical neglect. Sure Start Professional 4 reiterates the importance of knowledge of secure attachment relationships and child developmental norms so that an absence of 'reciprocity' can be identified. She suggests this is particularly important in cases where physical care needs are being met:

*'It's about workers spotting it, looking at the relationship and knowing what the relationship looks like, knowing what child development looks like, you know ... because I think even if the child is dressed immaculately, everything on the surface is fine, if there is an issue with neglect there will be an issue of something missing in the relationship, of reciprocity'*

Mother 4 similarly reiterated that a 'clean home' does not necessarily indicate an absence of neglect:

*'it's not just about having a clean home and all of those things, it's about their mental state as well and them being happy at the end of the day. You can have all of those things ... but if you are shouting and bawling at your kids ... not showing them any love'*

Similarly to Scourfield's (2000, p.371) finding that a small amount of mess or dirt, if caused by children, gives the house a 'lived in' appearance,

Sure Start Professional 4 commented that houses could be too tidy, indicating a lack of toys or stimulation for the child:

*'Over immaculate household, you know, where are the toys?  
There are hundreds of them but they're in the cupboard ... so it  
can go one-way or the other'*

The performance of emotional neglect occurs in relation to professional affirmation of normative stances, specifically of the mother and child, within psychological discourse. The neglected child is constructed in relation to dominant discourses of childhood, notably the 'relationship' with their mother and developmental psychology. By offering a 'scientific' model of the 'normal' child, professionals were able to identify the 'abnormal' or neglected child. The neglectful mother is also identified through a comparison to the non-neglectful mother. Through the production of the 'natural' mother 'romanticised as life-giving, self-sacrificing and forgiving' (Glenn, 1994, p.11), the unnatural, neglectful mother is produced. In all of the examples provided of emotional neglect, including observations by professionals, it was the mother's relationship with her child that was scrutinised. Through the biological and individualised focus of professional application of attachment and psychoanalytic theories, responsibility is placed with the mother. As Burman (1994, p.85) suggests, attachment theory assumes that 'biological mothers 'instinctively' want to, and know how to, care for their children, thereby pathologising those who do not'. This theme will be further explored in relation to 'good enough' mothering in Chapter eight and discussion around responsibility for neglect in Chapter nine.

### ***Practice implications of the construction of the neglected child and neglectful mother***

The current study indicates that the professional childcare system relies on definitions of abuse as ways of categorising people and of establishing thresholds for intervention. As will be discussed they are also used to manage service users and allocate scarce resources. Much weight is afforded to the *Working Together* (HM Government, 2010) definition. However, the danger is that these definitions become decontextualised

and simplistic heuristics through which people's complex life circumstances and interactions are reduced to over-simplified binaries of 'neglected' and 'not neglected'. Although it is clearly crucial for social work professionals to hold in-depth knowledge of 'normal' child development and attachment in order to identify any deviations, this construction, together with that of the physically neglected child, has significant implications in terms of the interventions produced. Dominant discourses of childhood are 'decontextualised', with the relationship between the mother and child existing independently of social, economic, cultural and other forces' (Moss, 2000, p.240). The traditional approach, individualised within a familial and biological focus, draws attention away from social context and the ways in which children experience their lives through specific social arrangements based on their social backgrounds' (Graham, 2011, p.1536). Within this discourse then childhood is constituted as 'individualised, isolated and dependent on the family' (Moss, 2000, p.244) or more specifically, in this study, on the mother. The 'abnormal' neglected child is similarly to Moss's (2000, p.245) deconstruction of the 'child in need', an, 'extreme variant' of this dominant discourse: 'deficient (having a need), weak (being needy) and a subject of charity'.

The depiction of the isolated, needy, vulnerable neglected child, deficient in terms of physical and emotional care allows children to be categorised as neglected and subject to state intervention. As Alanen (2004, p.2) suggests children are 'treated as 'dependent variables' of various categories of adults, professionals and institutions who 'have' children, take care of them, work on them'. The construction of the neglected child co-exists with gendered constructions of 'risk' or 'neglect' in which the mother is held responsible for an absence in provision of physical and emotional care and operate as a neo-liberalist regulatory strategy (Pollack, 2010). The individualised and to a lesser extent psychologised construction of the neglected child and neglectful mother, which assumes that the problem of neglect is confined to the family and individual, produced specific coercive and correctional responses. The production of

the neglectful mother who is unable to manage her own risk or exercise 'self-governance' (Pollack, 2010) was subject to interventions, which aimed to enforce or encourage 'normative', parenting practices reducing risk through self-governance. This produced responses to neglect which focused on changes to parenting practices, specifically mothering practices and 'psyche' including parenting programmes within Sure Start centres designed to normalise parenting, to protect children from harm and enable them to achieve 'normal' development. An overriding focus on an absence of physical care needs, through the construction of the dirty, smelly and chaotic neglected home means that these aspects of neglect become the main concern when intervening with families. Addressing emotional neglect and needs of the child is given less prominence. Within the context of neo-liberalism intervening to address poverty and socio-economic circumstances were marginalised. This will be explored in detail in Chapter ten.

### **Evidencing and proving a case of child neglect**

Formal definitions also encourage professionals to provide evidence to 'prove' that the definition or threshold of neglect has been met. This is a procedurally driven imperative and contrasts with an emphasis on gaining a view and understanding of the 'child's needs' irrespective of the labelling of that need. In this context physical neglect was deemed easier to evidence and prove in comparison to emotional neglect.

### ***The physically neglected and developmentally delayed child***

The discourse of 'proving' dominated discussions on how neglect was identified, suggesting a procedural rather than needs-led approach. 'Proving' then becomes providing evidence in order to meet the requirements of the definition rather than identifying the needs of the child. The overriding focus on physical care and state of the home in definitions of neglect can be explained through the view that they are easier to monitor, evidence and prove as a result of visibility. As Scourfield explains (2000, p.379) 'you can see and smell dirt, check a

child's weight'. Given that professionals reflected that neglect was difficult to define they looked *'for the things that are very clear (Sure Start Professional 3)* when proving a case of neglect. Sure Start Professional 5 views an absence of physical care needs as being visible and as a result 'more obvious':

*'I think the ones that are obvious, so that's something that we can see so ... you know children having dirty bottles or nappies or rashes'*

As a result of the visibility of a physically neglected child and a neglect of home conditions, these aspects of neglect are easier to 'spot', 'assess' and 'prove'. It became possible for professionals to qualify neglect by observing home conditions and/or the physical appearance of the child and as previously discussed make a comparison to the norm:

*'when you have a key, a visual ... response to something that is certainly easier to assess, for instance home conditions' (Social Worker 2)*

*'I think when we look at neglect people spot it easier when it is there in the physical sense, if there aren't any beds, if there's nothing for them to sleep on, no food in the house, if they're not dressed I think that gets picked up on easier and it's something you can prove' (Sure Start Professional 3)*

As a consequence of the visibility of neglect of home conditions and of the child's appearance, these aspects of neglect were also considered to be easier to monitor and identify change in terms of improvement or deterioration. Although the service user and their home are not constantly visible to the professionals, they are 'seen' during home visits. Social Worker 2 and Sure Start Professional 4 commented on their ability to monitor home conditions, making comparisons to their assessment on previous visits. This enabled them to identify and measure changes:

*'through monitoring of home conditions and making a visit you can view that and make comparisons to when you were first became involved ... so you can get a base line' (Social Worker 2)*

*'I think it's easier to identify the physical stuff and it's easier to identify change, so if you can identify, if you walk into a house and it looks different ... it's visual' (Sure Start Professional 4)*

The monitoring of 'home conditions' was a dominant concern for professionals within case files. In Case 5, issues with home conditions have been a long-term issue 'throughout the years'. The monitoring of home conditions in this case coincides with 'tasks' jointly agreed between the mother and professional with the view to improving 'health standards' in the home. The setting of tasks by professionals in between visits ensures that surveillance is continuous: service users continue to remain aware of their surveillance through addressing these tasks, even when professionals are not visibly present. In this case no improvements are made between visits. The long-term nature of the case questions the effectiveness of 'monitoring' as an intervention strategy:

*The home conditions have been an issue throughout the years, and increasingly so to date. The potential impact upon the children's health as a result of the poor home conditions is significant. The clear deterioration and neglect of the food preparation and bathroom areas raise increased risk to the children's health ... Mother agrees that the home conditions were poor and tasks were set by both mother and X to improve health standards within the house ... X (social worker) returned on X to find that little work had been done in the house and conditions remained poor (Case 5)*

Further in Case 3 a home visit is described in which home conditions were assessed as 'not improved' and 'no better':

*Home conditions on X not improved, 4 pint cartons of cows milk, nappies all over garden. Living room still cluttered, Carling Lager on mantelpiece, beaker of congealed milk, Fosters can of lager on front of house. This was a planned visit and nothing any better. House was very smelly (Case 3)*

Within Case 5, the physical appearance of child and school attendance were also monitored:

*Education have noticed a deterioration over the children's appearance and attendance over the past 12 months. Their progress has dropped below target (Case 5)*

In addition to this focus on the absence of physical care in order to evidence neglect, not meeting expected developmental norms was also constructed as providing signs of neglect. As Graham (2011, p.1536) suggests, 'child development theories are regarded as particularly significant for professionals because they provide universal benchmarks for setting standards in child welfare', offering a 'tool' in assessing what is normal and identifying behaviour which might cause concern. Explanations of child development within developmental psychology, identifying universal stages offer a 'supposedly objective and scientific account of the normal child' (Moss et al., 2000, p.240). Professionals constructed the neglected child as not meeting expected milestones and experiencing developmental 'delays' in terms of emotional, physical and cognitive development and displaying problematic and challenging behaviour. The neglected child was constructed in relation to the 'normal' developed child in accordance with lifespan development. Emphasis within the professional interviews was placed on *delay* in terms of development, specifically with reference to speech and education. For example, in describing her work with a family where neglect was severe, encompassing a lack of stimulation, Social Worker 1 commented:

*'it was real bad neglect and I think this child will be delayed developmentally forever now because of the lack of stimulation and things like that'.*

Similarly, Social Worker 3 reflected on a recent case:

*'we've just got her to start going to groups at Sure Start and reluctantly agreed to a referral for a two year funding for a nursery placement for the eldest child because he had significant speech delay'.*

An emphasis on developmental delay was also present within case files. There was a sense that delays could be 'scientifically proven' particularly with reference to speech and education: both can be measured through tests making comparisons to an average or 'normal' attainment. References were made to educational delays and statements about children attaining below their capacity in Case 4 and CIN 6:

*In his school, X (teacher) explained that X (child) is quite subdued, and is educationally attaining below her capability ... She is not seen as a forward child, nor a "flowering child", who is attaining below her capability ... just getting on with life in school (Case 4)*

*All children have some level of developmental delay. X and X's level of delay is greater than other children. Children have many hospital appointments and parents finding it difficult to cope. X is severely delayed educationally and parents are struggling to make decision regarding his education both parents have learning difficulties (CIN 6)*

Discourses of 'delayed development' were not just related to the usual notion of underdevelopment and the emotionally withdrawn child. In some cases a powerful construction of neglect and the 'problem child' was in evidence. This was identified within interviews with professionals, with four professionals using terms including 'ADHD and running riot', 'aggressive', 'naughty' and 'challenging'. For example, Team Manager 2 comments:

*'we've got a case at the moment where we've had regular planning meetings, we've said to mother, look you're not meeting health appointments, the child smells ... you know, unkempt, other kids are noticing that, her behaviour is aggressive and we've got some issues around her speech and possibly hearing'*

Similarly, Social Worker 7 reflects:

*'if parents are depressed and children are neglected then children are left to their own devices quite a lot and then they becomes quite challenging at school and in the community'*

This link to problematic behaviour within the community, is reiterated by Team Manager 1 who comments that a 'portion of children with ADHD run riot and cause problems all over because they've been neglected and parents haven't got the skills to handle the ADHD'. This also indicates whether neglect is failing to meet a child's needs irrespective of how complex the needs are, for example, a child with severe disabilities. This consideration is also omitted from the *Working Together* definition.



This was, in one instance, juxtaposed against the subjectivity of the quiet or studious child, the latter existing as a challenge to dominant discourses within policy and literature, which typically emphasise underachievement educationally (Glaser and Prior, 2002):

*'sometimes the naughty child is the easier one to deal with because it's there it's in your face. The quiet ones sitting in a corner not really saying anything, you haven't got a measure of what they are thinking ... or what's going on in their lives and you get other kids where maybe school is a safe place and they are overachievers' (Team Manager 2)*

This adds a complexity to defining neglect, an aspect of neglect which is absent within essentialist broad policy and legislative definitions: a child may appear to be developing 'normally' and excel at school yet still be experiencing neglect. A further discourse identified low self-esteem and confidence as an outcome, specifically of emotional neglect. As Team Manager 2 elaborates:

*'in all neglect cases you have the emotional impact as well, which in some instances can be far more damaging in the long-term as the child grows older because it effects their self-esteem, self-worth, my mother couldn't look after me properly, what does that say about me? Wasn't I worth being looked after?'*

Arguably the 'scientific' emphasis of this focus, particularly the ability to provide developmental benchmarks becomes useful in a climate occupied with risk, in particular, identifying risk of significant harm in neglect cases. However, only certain developmental delays were considered to be helpful in proving a case of neglect. In addition to educational and cognitive delays physical developmental delays often proved through medical evidence dominated this discussion.

Professionals reiterated this when reflecting on the usefulness of medical discourse when proving and evidencing a case of neglect, in particular results of routine developmental and medical assessments conducted by health professionals. Results of these standardised assessments were regularly incorporated into assessments, including height and weight

centiles and formed an important part of evidencing whether a child's physical needs were being met. Here the biomedical model is influential: 'where medical experts often play a pivotal role in defining what counts as evidence of risk or harm' (Healy, 2005, p.20). Professionals indicated that medical evidence was useful as it provided causal and clear evidence of neglect:

*'health stuff is just very, there's either a health issue or there isn't, there's a cause or there's a condition that's causing this or there isn't' (Social Worker 1)*

This mass surveillance of children through routine assessments (White, 1998) contributes to a recorded health chronology of the child. Within Chapter nine the development of neo-liberal panoptic power will be addressed, encompassing a shift towards rationalisation (Gilbert and Powell, 2010), accountability, efficiency and the development of technologies to standardised practices (Carey, 2008). Increased use of online systems, databases and assessment forms has culminated in the 'dataveillance' (Wrennell, 2010, p.305) of families. In this panoptic development professionals reflected that they held the power to monitor and observe service users through the use of official medical records. However, often records were not readily available and they emphasised 'digging' for information and evidence through liaison with health, particularly in accessing health chronologies and records of missed appointments and engagement. Here surveillance operated laterally (Foucault, 1977) between professional groups. Team Manager 1 asserted that information from health enabled her to uncover historical concerns, often over several years:

*'you can see four or five referrals or concerns over two years but you've got to do your digging and share information and chronology (ie.health) is a great way of seeing what's going on'.*

Social worker 1 described this surveillance as occurring prior to the birth of a child:

*'you've got health visitors obviously, midwives and health visitors before babies are born, so you've got that chronology right from pre-birth to say parents did or didn't engage'.*

Team Manager 1 and Sure Start Manager 2 describe identifying the neglect of child's health to be easier to identify as a result of documentation by health professionals. This includes records of attendance at medical appointments:

*'health can also be a difficult one but also an easy one because it can be documented from healthcare professionals ... you know ... whether or not children have attended medical appointments or if they haven't ... again close working and joint up working with health that we can certainly keep close observations and close concern around that you know and close monitoring' (Team Manager 1)*

*'Wow, the lack of medical treatment is clear, it is absolutely clear, you're neglecting to meet that child's needs clearly because there is something you can do about it, the appointments and you miss them and you continually miss them' (Sure Start Manager 2)*

This focus on missed appointments was also exemplified within the case files. Case 5 provides an example of recording around health concerns, including a failure to attend appointments, including optician, audiology, dentist and GP. There was also frequent reference to children not receiving immunisations. A failure to meet appointments also encompassed health visitor's inability to gain access to the family home in order to monitor the child's health:

*X (Primary health school nurse) has attempted to visit the family home with no reply. X has made several attempts to engage with mother in relation to the children's health needs. Glasses required - non-attendance at Optician. Lack of attendance at the Orthodontist and hearing clinics. Lack of appointment attendance at Dentist ... it was clear from mother's lack of engagement with Health that the children's health was suffering ... family seen by health visitor X. Unable to gain access on a regular basis ... At this time X (child) had received no immunisations and had first injection in X. Surgery sent out letter for audiology appointment but both failed ... hasn't had her MMR (Case 5)*

The visibility, causal and clarity of evidence from health, including by-proxy evidence of neglect of a child's health through missed appointments, was considered useful when 'proving' cases. Arguably the nature of medical evidence is well placed within legal positivism (Healy, 2005) providing objective, rational and sometimes causal evidence of neglect. White (1998) highlights the importance of Bourdieu's work in this context, specifically how 'law thinks'. In this legal context, medical and anecdotal evidence of the physical neglect centred on the child's body provides perhaps the most concrete 'proof' of deviations from the norm. As White (1998, p.274) elaborates the judiciary '*always ... hold the final say in weighting different opinions and then incorporating them into judgements* (transforming them into facts) judges are likely to select the evidence which appears *forensically* most rigorous, assigning culpability'. Social worker 1 went on to discuss how gaining a health chronology formed a crucial role in evidencing neglect in court in a recent case she had worked with:

*'the first thing I asked for was a health chronology and that just shed such a massive amount of light onto the situation. That was really a large part of our evidence, without that our records weren't enough, but once you put the health chronology on there it just showed lack of engagement with professionals, lots of missed appointment'* (Social Worker 1)

The performance of neglect then occurs in relation to evidencing and proving that the threshold of neglect has been met. This performance is procedurally driven and draws upon psychological, medical and legal discourse.

### ***Evidencing emotional neglect***

Although professionals were clearly concerned with an absence of parental provision of nurturance and emotional warmth, this was not considered easy to evidence. As Swift reflects (1995, p.77): 'Although a child's need for nurturance, support, supervision and guidance may be at the heart of the worker's concern, it is dirt and disorder that provide the physical, observable evidence that a problem exists'. In comparison to

the visibility of physical neglect professionals viewed emotional neglect as less tangible and not visible in a 'physical' sense and as a result more difficult to determine. Social Worker 4 and Sure Start Professional 4 reiterate this point:

*'physical neglect I suppose you can physically see it, emotional neglect is always very difficult to determine ... it's more grey than other areas really' (Social Worker 4)*

*'physical neglect is probably easier to assess than emotional because there's no signs of it I guess' (Sure Start Professional 4)*

Delays in terms of emotional development are more difficult to ascertain in a legal context. Horwath (2007a, p.1291) suggests that practitioners may find it easier to focus on 'tangible evidence of physical neglect or safety issues rather than gathering evidence about the impact of neglect on the socio-emotional development of the child'. Social Worker 7 suggested that visibility and 'signs' of neglect were particularly difficult to identify in younger children. She suggests that as children 'get older' they are more likely to display signs to indicate that they have experienced emotional neglect:

*'emotional neglect is more difficult to assess, it's not visible as much. I think as they get older then often children would display behaviour which would demonstrate that they are experiencing emotional distress, but with very little ones I would say it's probably harder to identify, it's not as visible'.*

Not only is emotional distress less visible but it's also more difficult to link causally with neglectful parenting practices:

*'I personally think it's difficult to prove because with emotional neglect you've got no medical evidence for it, no scratches or bruises, it's just kind of behaviour and it's difficult to say this is where it came from' (Social Worker 5)*

She goes on to explore the difficulties of causality, providing an example of a recent case she has worked with:

*'home conditions wasn't as bad as the child's emotional wellbeing but that was difficult to prove because he was*

*diagnosed with ADHD, so was it behaviour, was it the way the child has been brought up or was it ADHD?’*

For this social worker, an absence of medical evidence and clear causality, compounded in her example by a medical diagnosis meant that *‘sometimes it (neglect case) just doesn’t stand up in court’*.

Professionals highlighted that emotional neglect was sometimes viewed as less serious and urgent than physical neglect. Sure Start Professional 3 exemplifies this problem, again suggesting that a panic around physical neglect is the result of ‘clear evidence’ that something is wrong:

*‘it’s easier to see if you can say I went in the home and there was no bed ... there was no food in the cupboard, you know that’s pretty clear evidence something is wrong, whereas saying the parent didn’t speak to the child while I was there or they were quite negative, there wouldn’t be a big panic at all’*

As a result, she explains that emotional neglect often occurs for a prolonged period within a family before it is *‘picked up’*. This indicates that social workers are working within a system that is still ‘preoccupied with events, rather than ongoing parental climate or atmosphere’ (Daniel, 2000, p.92). This was linked to the perceived danger of making class based assumptions, a result of which cases of emotional neglect are missed in the face of a clean, tidy and prosperous household:

*‘I think it would be easy to be fooled by things, if you go into a home and it’s very well presented and it’s nice and tidy but there’s something else going on you might not be as vigilant about it because the environment feels quite nice ... it’s scary to think that with the new government there seems to be this idea that bad parenting only happens in deprived areas’*

This was further explored by Team Manager 2, who viewed emotional neglect as less obvious, with the danger of it remaining ‘hidden’ behind prosperity:

*‘hidden neglect as well, which is the emotional stuff, you might have a child who isn’t obviously neglected ... where economically they are well provided for, they’ve got the latest computers, gadgets, clothes, smart, attend school regularly but that child can be scapegoated at home’*

## **Chapter summary**

- Professionals reflected that the 'neglect of neglect' is still a pervasive concern for them, despite the fact that neglect now occupies the single most identified category in the child protection system. It was sometimes viewed as less serious and urgent in comparison to abuse and was often characterised by non-emergencies and long duration.
- Professional constructions of neglect emphasised the broad, multifaceted definition within legal discourse, specifically *Working Together*. Focusing on parental omission it asserted a binary yes/no category. As a consequence of the breadth of official definitions, neglect was viewed as 'vague' and difficult to define. Professional constructions of legal definitions in terms of priorities and omissions codified practice, specifically: the binary yes/no category of neglect; the confinement of neglect to the family and marginalisation of structural and contextual factors; focus on parental omission and exclusion of a child-focused understanding and an absence of discussion of the 'key' terms.
- Professionals appear to place substantial emphasis on official definitions of neglect. Their practice discourse of neglect is complex, with multiple presenting issues involved, however, they appear to be driven and required to simplify and reduce this complexity to binary 'straightforward' categories. In this respect, practice around neglect becomes reduced to identifying indicators, proving the presence of neglect, monitoring and surveillance. This is particularly evident in the extracts from case files. Instead of practice being child centred (the central principle of the *Assessment Framework*) it appears to be 'category centric'.

- Through the classification of neglect demanded by legal discourse, professionals made judgements about families based on deviation from the 'norm'. This objectified the parent, parental behaviour or child into "dividing practices", differentiating and dividing them from others (Foucault, 1982, p.208): non-neglectful families. This allows service users to become the focus of the assessment and social work intervention. The normative gaze (White, 1996) encompassed constructing neglect around an absence of physical care and emotional neglect, drawing upon and re-producing legal, psychological and child development discourse and 'dominant' constructions of the idealised home and domestic respectability (Cieraad, 1999). As a consequence of this construction mothers were upheld as perpetrators of neglect. Arguably this gendered construction of neglect embedded within 'risk thinking' operates as a neo-liberalist regulatory strategy (Pollack, 2010).
- Although it is clearly crucial for social work professionals to hold in-depth knowledge of 'normal' child development and attachment, the construction of normality, together with the depiction of the physically neglected child has implications in terms of the interventions produced. Biological and familial dominant discourses of childhood, which were drawn upon are 'decontextualised' (Moss, 2000) from experiences of social and cultural contexts. The depiction of the isolated, needy, vulnerable neglected child, deficient in terms of physical and emotional care, is stripped from its social context. This construction allows professionals to categorise the child as neglected. The dominant view of neglect as categorical seems to undermine the relational nature, in addition to the way in which such relationships are influenced socially. Most significantly, quotes from professionals and case file extracts almost entirely omit any inclusion of children's views and experiences themselves. The concentration on proving the discourse of neglect reduces children to passive



objects of concern rather than central figures in their own lives. This will be further explored in Chapter ten.

- The dominant construction of the 'neglected child' was also presented unproblematically and unquestionably. By way of comparison, the notion of the 'neglected child' appears to exist in contrast to the way the 'sexually abused child' is acknowledged - it is recognised that sexual abuse exists on a wide continuum of behaviours, impacts, understandings and motivations.
- Neglect, often not characterised by specific incidents, was deemed more difficult to prove in comparison to other forms of abuse. Constrained by dominant discourses of law, economics and biomedicine (Healy, 2005), professionals focused on aspects that were easier to evidence: an absence of physical care needs. The overriding focus on medical evidence, the physical neglect of the child's body and the state of the home when evidencing neglect, results in a partial view of child welfare (Scourfield, 2000). Surveillance and monitoring during home visits focused on home conditions and physical care of the child, providing visible and measurable evidence of neglect. The visibility of these aspects of neglect, considered as a result easier to assess and prove is well placed in a legal context embedded in objectivity, 'facts' and rational evidence. Using this evidence it becomes easier to establish a case of 'abnormal' fitting with the yes/no category of neglect in legal discourse. They provide objective and rational evidence that neglect has occurred in the face of high thresholds.
- In contrast emotional neglect is considered less easy to evidence: viewed as less tangible, more subjective, not as visible and more difficult to observe in term of developmental delay. There was also an absence of medical evidence. This would indicate that although the use of 'psy' knowledge continues to be of crucial importance,

only certain developmental delays are used as 'proof' of neglect. This focus may also reflect the dominance of the incident driven system in child welfare practice (Horwath, 2007a) rather than on-going parental climate (Scourfield, 2003).

- To conclude, performing gendered caring (or lack of it) dominated professional constructions of neglect. The performance occurs in relation to normative stances enshrined within legislation and social work practice. Practice discourses of child neglect are gendered in relation to hegemonic norms of femininity in which mothers are upheld as responsible for the care of the home and children. The professional performance of neglect affirmed and reproduced these normative assumptions. Parents themselves also accommodated this framing, re-producing dominant ideals around women's role and responsibility for nurturing and maintaining a clean, tidy home. The performance of neglect also occurs in relation to evidencing and proving that the threshold of neglect has been met. This performance is procedurally driven and draws upon psychological, medical and legal discourse. The construction of the neglectful mother, unable to manage risk or self-govern (Pollack, 2010) becomes subject to interventions that aim to encourage normative parenting practices, reducing risk through self-governance. The individualised and psychologised construction that assumes the problem of neglect is confined to the family and individual legitimises specific coercive and normalisation approaches. Poverty and socio-economic contexts of care falls from view. This will be explored in Chapters eight and ten.

## **Chapter 8: Gendered constructions of responsibility for neglect**

### **Introduction**

As explored in chapter seven, mothers were upheld as perpetrators of neglect. Child neglect has overwhelmingly been associated with women (D'Cruz, 2002; Scourfield, 2003; Swift, 1995). This focus is understood within the literature to be an inevitable consequence of patriarchal assumptions (D'Cruz, 2002); the association of women with care and nurturing (Edwards, 1998; Scourfield, 2003; Turney, 2000); the assumption of women as the primary carer (Daniel and Taylor, 2006) and gendered divisions of labour within families (Scourfield, 2003). This chapter explores in more detail how responsibility for neglect, embedded within professionals' 'risk thinking', continues to be gendered. It identifies that professional discourses around responsibility are gendered in relation to hegemonic and binary norms of both masculinity and femininity. The professional performance of responsibility affirmed binary gendered relations through the production of coupledoms of the neglectful mother and father or father figure. The chapter analyses how gendered performances of responsibility were constructed through the production of dichotomous relationships between 'responsible neglectful mother/dangerous or absent men' and 'lone mothers/absent fathers and 'inappropriate' male partners'. Similar dichotomies have been explored elsewhere: specifically within Scourfield's (2003) research on the construction of child neglect by social work professionals; Strega's (2008) exploration of 'father absence and mother blame' and D'Cruz's (2002) examination of 'responsible mothers/invisible men'.

This chapter identifies the specific subjectivities that were constructed about the responsible 'risky' neglectful mother. These subjectivities drew upon personality, psychological and parenting characteristics, reflecting Swift's (1995) findings that neglect is predominantly explained in personal and interfamilial terms and to which the mother is key. It also draws upon

research, which focuses on the neglectful mother's personalities, caring roles and attitudes, relationship and attachment history (Coohey, 1995; Hildyard and Wolfe, 2007; Polansky, 1985; Polansky, 1981). These identities of risk and how to control it were embedded within case files and interview data. The chapter includes extracts from assessments, demonstrating that through the assessment, the actualities of, specifically mother's experiences are 'not seen' but transformed into risk identities, structured by databases (Pollack, 2010) and assessment forms. The chapter identifies that through this focus on the 'individual', structural causes and the social context of neglect fall from view. Subjugated discourses and subjectivities, which challenge this blaming position, through a more understanding viewpoint are also explored. The chapter explores how parents challenged normative framings of responsibility by providing an alternative narrative to the 'needy' mother, linking risk to social, cultural and structural context.

### **Recognition of gendered practice**

Several professionals explained their focus on mothers rather than fathers in relation to patriarchal or 'cultural', 'societal' assumptions of men's and women's roles. These assumptions relate to the gendered division of labour including expectations around 'traditional' gendered roles (Edwards, 1998). Although viewing their work as driven by these discourses, they also expressed concern that their practice was sometimes constrained by these assumptions resulting in a focus on the mother's parenting. For example, when I asked Sure Start Professional 5 why she thought that professionals tended to engage more with mothers she reflected: *'I really don't know, whether it's a cultural thing .... I'm concerned that I very much work with the mother'*. This was also identified by Sure Start Professional 3 who commented: *'I think there's still this expectation that mum's going to be at home and dad's going to be at work'*. Similarly Sure Start Professional 7 suggested that a 'culture' exists where *'mam has to be the sole person responsible for the child'*. She explored the consequences of this focus in cases of neglect and

when parents separate, implying that legal discourse is embedded within gendered assumptions: *'she was prosecuted for child neglect that woman, but he (the father) worked so all the responsibility fell to her ... I think law comes into it, rules and laws and things like that. Legislation ... if anything happens in the relationship nine times out of ten the child will go to the mother'*. This echoes Scourfield (2003, p.23) who argues that 'it could be argued that family law constructs ideal motherhood and criminal law the deviant woman'.

### **Responsible neglectful mother/dangerous or absent men**

Men within neglectful families were viewed overwhelmingly as a negative presence or absence. Within this discourse, men were presented as violent and/or a risk to women. In understanding violence in the context of child neglect, professionals drew upon hegemonic understandings of 'dangerous masculinities' including its positioning in relation to the 'respectable family man' (Collier, 1995, p.220) and normative gendered caring roles. Through the performance of the coupledom 'responsible neglectful mother/dangerous or absent men', professionals colluded with hegemonic gendered norms, with women firmly upheld as responsible. Through this performance women are upheld as responsible for protecting children from men (and blamed if they fail to do so) and for child neglect. Similar dichotomies have been explored elsewhere: specifically within Scourfield's (2003) research on the construction of child neglect by social work professionals and Strega's (2008) exploration of 'father absence and mother blame'.

Professionals then indicated that they received a significant number of referrals for child neglect where men were perpetrators of violence against women. They recognised that domestic violence has a devastating impact on women and children, making reference to the adverse effects on children, particularly of observing or hearing acts of violence. The impact of domestic violence on children is widely

recognised including recognition of the detrimental impact on physical, emotional, social and cognitive development and well-being (Kitzmann et al. 2003; Mullender, 1996; Wolfe et al. 2003). The following professionals highlighted the importance of 'research', 'training' and knowledge gained at 'university' in understanding this impact:

*'they think that their child is up in bed and doesn't know what's going on, but obviously through research, the child does know what's going on through lots of reasons' (Sure Start Professional 5)*

*'yes, experience, you know I have a huge interest in domestic violence and the effects on the children ... witnessing what happens with the child and just child development as well, that's what you learnt at university and prior to that, how should the child be developing and why isn't the child developing?' (Social Worker 5)*

*'I always refer to something that came up in my training when I was doing training on domestic violence when I first qualified and it was something that stuck with me. The trainer said she'd done work with a family and an 8 month old baby had developed a mechanism of resilience/coping mechanism to the shouting and the throwing of things and the loud noises by crawling under a table' (Social Worker 6)*

This was also recognised within case files for example, Case 4:

*There has been long standing issues of domestic violence, some of which has been seen by the children. X (mother) is a woman that has suffered dreadfully at the hands of X (her partner) regarding domestic violence*

Women were sometimes positioned as responsible for protecting their children from the risks of observing and hearing acts of violence. In Case 3 the mother is constructed having 'little' insight into the effects of her child witnessing a violent argument between her and her partner:

*X (child) was recently witness to a heated argument between her parents, this resulted in X (father) leaving and X (mother) becoming increasingly upset and distressed. X (mother) admits to damaging furniture in the home, she reports X (child) was in the front garden at the time and has little insight into the effects of the situation upon X (child) who was close enough to be witness to the incident (Case 3)*

The adverse affects of domestic violence on women, has been addressed significantly within academic, policy and public debates. Professionals reproduced these discourses, particularly the emotional impact of domestic violence, including the erosion of women's self-esteem, increasing mental health problems and depression. This was sometimes highlighted as a contributory factor to the neglect of children or worsening an already existing neglectful situation. As Daniel and Taylor (2005, p.273) suggest, fathers may be 'undermining the confidence of their partners and therefore contributing to their sense of powerlessness' exacerbating the likelihood of neglect. Within this professional discourse the aggressive man existed in oppositional terms to the depressed and 'down-trodden' women. It was the woman who was held responsible for being unable to meet the needs of her child as a consequence of the emotional impact of the violence perpetrated. In a sense then the 'abusive man' has a 'complementary relationship to the neglectful women' (Scourfield, 2000, p.376-7). Social Worker 7 discusses how domestic violence can lead to mothers becoming depressed and 'tied up' with the abusive relationship resulting in an inability to protect their children from harm. Emphasis is placed on the *mother* lacking an awareness of the adverse effects on her children:

*'Domestic violence in the house perhaps leading to mam being depressed ... not being able to protect her children for whatever reason, you know sometimes mams can be so tied up with what's going on in their own situation when there's domestic violence that they don't realise the effects that that's having on the children. Children can be affected and neglected emotionally, physically' (Social Worker 7)*

*'Often domestic violence you get a lot of neglect around families living in domestic violence because they're so downtrodden. And low self-esteem that they aren't around enough to care for children or the home' (Social Worker 3)*

*'Domestic violence falls under the category of neglect as well because there's the emotional aspect there and not giving consideration to the child's needs' (Social Worker 1)*

Professionals suggested that at times fathers were more reluctant to engage, accept responsibility for violence perpetrated or responded to concerns by leaving the family home or becoming aggressive towards professionals. Several professionals made reference to the importance of the Freedom Programme as an intervention in these cases, educating women about male violence. This programme is underpinned by coercive control models of domestic violence, depicted through the use of the 'Power and Control Wheel' (Yllo, 2005) and understandings of violent men as the 'dominator'. Professionals drew on characteristics of the 'dominator' when describing violent men, specifically denying and not taking responsibility for violence. For example, when I asked Social Worker 7 how open fathers were to suggestions of 'perpetrator work' she responded: *'no no (laughs). They don't want to admit anything is their fault do they? They always blame their partners'*. Team Manager 2 reflected on fathers' behaviour in cases of child neglect who had also perpetrated violence. She viewed fathers as trying to take and maintain control in these circumstances, with an absence of acceptance of responsibility for child neglect or for violence perpetrated. This also reiterates Farmer and Owen's (1998, p.551) findings that fathers 'sometimes reacted to registration in the opposite way (to mothers) by opting out of the parenting role'. Team Manager 2 goes on:

*'Fathers can be more distant, don't want to engage, it's her ... but that's usually when there's been domestic violence involved as well "I'm out of here, I'm gone" or get aggressive towards workers ... try and take control and don't accept the situation'*

Although the 'Freedom Programme' was considered a valuable intervention, there was some concern that courses for perpetrators were in the minority. Sure Start Manager 2 highlighted this concern and made the suggestion that as a result, women became responsible for *'protecting themselves and their children'*. An absence of men involved in perpetrator work is problematic, especially if men go on to be violent within future relationships (Hearn, 1998). This absence also indicates that responses to service user needs continues to operate within the



‘deserving/undeserving’ dichotomy, with the latter not receiving assistance (Hearn, 1998, p.172). An absence of real engagement and intervention with violent men obscures the ‘fact that many people in the ‘dangerous’ or ‘undeserving’ categories may also be experiencing, or have experienced violence’ (Hearn, 1998, p.172) or is a response to psychological issues, stressors or economic deprivation.

Despite active recognition of men as perpetrators of violence against women, mothers were at times positioned as responsible for protecting children from this violence and maintaining their safety. This supports Strega’s (2008, p.706) conclusion that within discourse of child welfare work ‘women are constructed as solely responsible not just for the care of children but for protecting children from threats that men pose’. Similarly D’Cruz (2002, para. 2.6) found that women became ‘indirectly’ responsible if they fail to protect their children from physically violent male associates’. Their not doing so also becomes framed as an abusive act in itself (Strega, 2008). This was particularly noticeable within case files where concern was expressed around women minimising the risk that men pose or viewing men in a *positive light* and as a result allowing children to be left in the man’s care. Emphasis was placed on the children being placed at risk as a result of the mother’s inability to protect. CIN 2 exemplifies this point:

*‘X (mother) is in a relationship with X who has a concerning antecedent of perpetrating serious acts of domestic violence against a previous partner, and breaching a non-molestation order on several occasions. X also has a history of illegal drug usage, and it is a matter of concern that X (mother) portrays him in a positive light, having no concern about exposing her children to him’*

In addition, in Case 3 the mother is quoted as allowing a violent father to care for their children in order to “*give herself a break*”. This is linked to an inability to cope with parental responsibilities: *‘the pressures and responsibilities appear to be taking their toll’*. Mothers were also viewed as responsible for protecting their children from men who were involved in criminal activity, or who misused drugs and/or alcohol. Leaving children

with men who pose a risk is seen as mothers making the wrong choice. For example, within CIN 4 the mother is presented as choosing to leave her child with the father despite having knowledge of his misuse of drugs and alcohol:

*X (child's) emotional and behavioural development may be jeopardised by X (father's) substance misuse and associated lifestyle. Mother appears to fail to recognise the impact of the above on the longer-term welfare of X (child) ... despite sharing information known to the Department about X (father), non-compliance and substance misuse, X (mother) chose to leave her children in X (father's) care. She did not consider he posed a risk to the children*

Professionals reiterated that a successful outcome was when women managed to end an abusive relationship, 'performing' reduced risk. Similarly to Reich's (2005) study they demonstrated and performed empowerment and self-governance through this choice. As O'Hagan and Dillenburg (1995, p.143) suggest, professionals exercise a 'child protective power' over the mother in which they hope that 'she will be able to exercise over her male partner'. Social Worker 7 described a case where the woman became 'stronger' through support and intervention and as a result was able to exercise her power to 'keep him away'. In this instance the woman demonstrated her protective function (D'Cruz, 2002) by choosing their children over their male partner:

*Beth: 'Have you worked with families where that intervention has been a success?'*

*Social Worker 7: 'I've got a family where its been very positive for the women and children, they've actually got an injunction to keep him away so, he didn't participate in his work so ... that's been very successful, yes'*

*Beth: 'So what changes did you see?'*

*Social Worker 7: 'She became a lot stronger because a lot of support from social care and X (agency which supports families affected by domestic violence) and she's become a lot stronger and is able to keep him away from the house'*

Several professionals suggested that this 'choice' to perform empowerment is not always easy. In addition to the woman being 'scared', Social Worker 5 reiterates that the woman sometimes thinks she is making the right choice as she is 'keeping the family together'. Structural reasons for the woman staying with an abusive man are also hinted at through claims that woman may not end the relationship due to 'money worries'. This emphasises the lack of financial support for lone parents:

*'mum is scared to leave, she thinks she's doing the best by staying with dad because she's keeping the family together ... and you know while this is going on the children are suffering and experiencing emotional mood swings, they are frightened all of the time, they can't sleep properly, that's affecting schooling, attendance isn't great because they don't want to leave mam in case something happens to her. They're not eating properly there's loads of different issues around domestic violence which boils down to neglect of the children's needs even though mum is trying to protect the children by staying with him because of money worries and keeping the family together and thinking she will be blamed when they are older. But actually she's doing more harm than good, so it's about working with her and trying to get her to understand the impact it's having on the children really (Social Worker 5)*

Further, Sure Start Manager 2 reflects that women's demonstration of empowerment and performance of risk reduction is not always straightforward. She suggests that the 'choice' to leave a partner who is violent is often enforced by the social worker through threats or ultimatums: 'you leave him or you lose your children'. She questions whether a woman can leave easily given 'how she feels about herself'. The implication is made here that domestic violence has adversely affected the woman's self-esteem and sense of self, resulting in an inability to end the relationship:

*'One of the things you will think of when you go out, when you get a referral about the children and woman who has children and are living with domestic violence and the social worker gives you the choice, you leave him or you lose your children that's your choice, sorry you're still seeing him you're losing your children. Now how can a woman who's got all this going*

*on in her life, all this, this is how she feels about herself, how can a woman then say I'm going to leave? (Sure Start Manager 2)*

Several women interviewed indicated that they had become the main focus of professional involvement and child protection procedures despite recognised risks posed by fathers. As D'Cruz (2002, para. 3.3) discovered in workers' constructions of responsibility in case files, mothers 'bore the full force of official surveillance and judgement of their competencies as mothers'. For example, Mother 4 reflected that she left her partner as result of risks around drugs. Despite co-operating with social workers in order to reduce risk professionals remained focused on her as the 'bad mother'. By admitting that she was also responsible for child neglect later on in the interview she does not deny her responsibility but implies that her now ex-partner was absolved of this:

*'She (social worker) wasn't fussed on him I don't think .... I think she seen him at my mam's and of course I was all bad mother and everything ... considering he was dealing drugs and everything, that was the whole point of me leaving him you know what I mean?'*

Mother 2 discussed how children's services became involved with her family as a result of risks which professionals identified surrounding her then partner's mental health issues and as a consequence, his ability to parent:

*'me and X (ex-partner) lived at my mam's when he got released from the mental health place and his social worker came to my mam's when they found out I became pregnant and they sat with me and X (ex-partner) and my mam saying that they had to get a social worker involved because he has got a social worker'*

*'it was always because of his mental health and he had just been released, he wasn't steady on his medication or anything at that point ... they were saying they had to take those steps because they don't know how his mental health is going to be, if he can take a role as a father'*

She reflects on the unfairness of her 'responsibility' positioning by professionals: being held responsible for the risks that her partner posed. She provided an alternative view to professional discourse, which indicates that mothers have a 'choice' to protect their children from risks that men pose. Her inability to 'perform' empowerment by avoiding her ex-partner (deemed a risk to her children) was not because she was unwilling to leave him. Reflecting on her efforts to end the relationship she highlights that this 'choice' is not always straightforward:

*'I was saying "I'm going to leave you I don't want to be in a relationship with you anymore" ... he sent me a text saying "goodbye" and all that rubbish ... and he's threatening to kill himself so I went to the flat and he's overdosed on my medication ... and because I phoned the ambulance and it was all on record, they said they couldn't take them off the register anymore... and I was quite annoyed with that obviously because I thought I'm still the parent, I haven't done it, I can look after my child, just because he's done something doesn't mean they should be kept on it'*

### **Lone mothers/absent fathers and 'inappropriate' male partners**

Women were also upheld as responsible for child neglect through the performance of the coupledness 'lone mothers/absent fathers and 'inappropriate' male partners'. Professionals identified that a high percentage of families they worked with were lone parent households, headed by the mother. Sure Start Professional 1 stated that she tends to work with the mother simply because men are '*not around*'. Men were defined in this discourse by their absence as fathers or as the mother's new 'inappropriate' partner who was often depicted as not being 'around' for long. In both circumstances women remained responsible for child neglect whilst men were absolved. For child neglect or for parenting more generally, mothers were the default focus of parenting scrutiny regardless of absent or transient male figures. This was the result of three discursive mechanisms. First, there was an omission of any detailed information about absent fathers implying irrelevancy and a failure to view his absence of care as neglectful. This reiterates Strega's (2008, p.706)

findings that 'a father or father-figure can leave his children without being seen as abandoning them'. Second, men's absence and new presence in women's lives was constructed in relation to women's behaviour and actions: depicted as not staying with the biological father, forming new relationships and in some cases, quickly becoming pregnant or having more children when they were not coping. Women were also often defined as young or teenagers. Despite the existence of 'less respectable' men, concern was placed on the lone or teenage mother. Sure Start Professional 5 describes an example of a teenage mother who 'hasn't stayed' with the father of her child. She is constructed as not meeting the needs of her child rather than the father, whilst also subsequently 'bringing' an inappropriate relationship into the 'child's life':

*'An example could be that they have had the baby when she was very young, she hasn't stayed with the father, she has met someone else ... she's very young, she wants to do things, a life as a teenager still, she wants to see this boy, the boy might not be the best person to bring into this child's life, she then might not be meeting the needs of her child because she is still a child herself basically' (Sure Start Professional 5)*

*'She quickly became pregnant after starting, after two weeks of a relationship with somebody, a new partner ... which was also a grave concern because she wasn't managing the child she had' (Social Worker 3)*

Social Worker 4 described an example of a family she had recently worked with. The mother is positioned as responsible for the impermanence of her relationships and for decisions to become pregnant: 'she went on and had a fourth child', 'she fell pregnant again'. Male partners are not mentioned directly, although their absence is made clear when the professional states that the mother is 'on her own'. The professional also indicates that an ex-partner was violent:

*'She ended up back with three children and then she went on and had a fourth child we actually pulled out because they were all doing really, really well ... then she had the fourth child and then domestic violence cropped up, so we'd gone from having it all hunky dory and then the domestic violence problems and we became involved again unfortunately ... she was doing really really well with the four children but she fell pregnancy again so*

*we've now got a fifth child ... she's on her own, she's a mum with five children, she's twenty nine years old and really going downhill quite fast' (Social Worker 4)*

Women then were blamed for unstable or chaotic relationships with 'less respectable' men, defined by Adams and Coltrane (2005) as unmarried or non-residential as well as decisions to become a parent. The professional performance of this dichotomy continued to collude with hegemonic norms of femininity and masculinity. Mothers, upheld as responsible for the care of children and of the maintenance of an, 'ordered' and stable home were blamed for the impermanency and chaotic nature of her relationships with men. Third, mothers were viewed as responsible for forming new 'inappropriate' relationships with men contributing or exacerbating neglect. Some professionals emphasised that it was the mother who 'chose' to form inappropriate relationships, making 'bad choices' in terms of partners and fathers of their children. This omits the consideration that men who pose a risk, particularly men who sexually abuse children often seek out and target families (Daniel and Taylor, 2005):

*'Yeah they could bring someone in the home who is just not suitable, certainly not very appropriate to be around the child ... spend time with their partner and not understand, recently we had a very young mam and she's got a little one and she's having another child ... it could go neglect' (Sure Start Professional 5)*

### **Father omission: difficult to work with or in employment**

Professionals highlighted that they still tended to work with the mother even when the mother was still in a relationship with the father. The reasons given were that the father was considered to be difficult to work with if he was present when professionals visited or he was in employment. Sure Start Professional 8 suggests:

*'the majority of the time it is the mother and that's purely because dads are really difficult to get in or they are at work'.*

By omitting a discussion of attempts to find ways to overcome this problem, for example, arranging meetings when fathers are not at work, professionals implied that father absence from social work intervention is not problematic. To some extent professionals reiterated Edward's (1998, p.271) suggestion that 'in many cases service providers understand the absence of men due to employment as legitimate', reinforcing traditional roles based on gendered divisions of labour within households and the nuclear family. Fathers were performed as 'breadwinners', omitting a consideration of men performing an active role in childcare. When present in the household, men were sometimes perceived to be dismissive of concerns around parenting, as Edwards (1998, p.269) claims reasons for professionals 'seeing and speaking with mothers rather than fathers is that men are neither interested nor forthcoming in issues to do with childcare'. When I asked Social Worker 4 about differences in response between mothers and fathers she responded:

*'if you've got a dad who's going out to work and comes home ... he doesn't see any of what's going on. Quite dismissive sometimes of the concerns that are raised'*

Several mothers expressed their annoyance that social workers were often unwilling or failed to engage with fathers, a result of inflexibility when arranging meetings, organised during working hours. Mother 6 asserted that as her partner was employed in paid work, he was not able to attend the 'meetings' arranged by 'social services'. This also indicates that there is a professional assumption that men are unemployed:

*'They kept asking X (partner) to engage in these meetings but as an electrician he does a lot of hours and a lot of travelling ... so it's quite hard for him to get time off ... and every time he didn't go to one of those meetings they used to get really annoyed and they kept thinking he wasn't coming just for the fact that he didn't want to come ... but it wasn't, it was because it was hard for him to get a day off work'*

Mother 6 complied with professional constructs and men performing the breadwinner role. When I asked her whether it would have been helpful if



her partner had attended the meetings, which he was unable to attend due to paid work she responded: *'not really to be truthful, not really ... no. I was alright just going in ... I didn't want X (partner) involved in all of it to be truthful with you'*.

This paints a worrying picture of social work practice that appears to be entrenched within polarised gendered positions and is uncreative in engaging men. There also seems to be a professional double standard - professionals expect women to engage men (in safe parenting) and to protect children from men who pose a risk, while professionals find the experience of engaging these same men as too challenging. If social workers do not even attempt to engage with men they cannot expect mothers to get their partners to take responsibility.

### **Engaging with both parents and the 'involved father'**

Increasingly social policy in relation to children and families is 'generally more supportive of father involvement in child-rearing', with emphasis that professionals should be working with both parents (Scourfield, 2000, p.376). This policy context is embedded within popular culture, which increasingly 'tends to assume that families need fathers' (Adams and Coltrane, 2005, p.230), highlighting the importance of the involved father (Strega, 2008). Despite the existing challenges to engaging fathers, several professionals drew on this discourse by indicating that they attempted to engage and work with both parents. However, the practice reality of this varied between professionals, from the suggestion that traditional gender roles were challenged to just keeping fathers 'in the loop' while the main focus remained on the mother. Further, through the construction of the discourse of the 'involved father' professionals continued to re-produce dominant understandings of gendered personality characteristics. Team Manager 1 indicated that working with both parents in partnership was the gold standard of practice:

*'The Act (Children's Act, 2004) is about the golden thread of working in partnership with both parents'*

Social Worker 3 also suggested that she attempts to work with both parents equally. When achieving this she challenges traditional dominant gendered roles:

*'I would work with the couples equally and sometimes it's good to have a joke about who's role is what and it's not just the mother's role to do all this and you're an equal you know, sometimes it's about breaking down barriers of the male and female roles' (Social Worker 3)*

Social Worker 1 advocated that engagement 'depends on the personalities, you know sometimes you get fathers saying we really need help and mothers saying we don't want you around. Sometimes the opposite'. She claimed that she did not view mothers and fathers differently. However, by suggesting that if fathers are 'around' she will 'bring them into the loop', the implication is made that direct work is still carried out with the mother whilst fathers are 'linked in'. This reinforces Edwards' (1998) concerns that workers did not deal with men as co-parents or as equally responsible for parenting:

*'If fathers are around I will engage them and try and bring them into the loop as much as possible, but I don't view mothers and fathers as different. Whoever is best placed to offer whichever bit we need then we'll link them in. So really it depends whether they are around and in terms of our society it's more likely that the mothers are going to be around than the father so if they're both around then great or the father then absolutely fine we'll just work with that' (Social Worker 1)*

Professionals also constructed a discourse within which fathers were considered to be easier to work with than mothers drawing on and reproducing binary discursive differences between men and women. Sure Start Professional 8 implies that men and women have different 'mindsets'. She views men as more active and stronger than women through their ability to take on advice more quickly and easily than women. In relation, women, depicted as more emotional are constructed

as weaker and passive, this in itself being a gendered construction associated with dominant norms of femininity:

*'his viewpoint was really valuable... And actually the men are usually easier to work with I don't know why and I don't know whether it's the women and she knows it all because you know it's the relationship that women have with each other but men do take on advice. The dads I have worked with have done it quicker and easier than what the mothers have ... different mindset I think women always have too much to do but men just break it down ... women always go very emotional with it and if I do this she's gonna cry and this might happen'*

Sure Start Professional 8 commented that fathers tended to be more 'laid back' in comparison to mothers who are more 'stand off-ish':

*'We did a dad's parenting group and all the women said that it was just dads who came on the course and all the women said they were so much more easier to work with and so much more laid back ... and bonded a group together and women are more standoff-ish'*

### **Women putting their needs first**

There was a preoccupation with the balance between child and parental 'needs' within case files and professional dialogue: parents putting their own needs before their child's needs; parents not meeting their own needs; parents not noticing or responding to child's needs and parents being so overwhelmed by their child's needs that they could not 'be bothered' to meet them. Neglectful mothers were considered a risk when they put their own needs first. Scourfield (2003) also found that 'needs' were made reference to in case talk and recording. This emphasis on needs re-produces policy and psychological discourse. Needs talk is central to the current *Assessment Framework* (DoH, 2000). As Stone (2003, p.214) suggests the *Assessment Framework* promised a 'new, holistic, needs-led approach which moves on from the deficiencies of previous models' offering 'a clear structure for assessing the needs of children and parents' and carers' abilities to meet those needs within a particular social and environmental context'. References to children's

needs and the ability of the parent to recognise and respond to these needs are also integral to attachment theory and academic studies, which explore the characteristics of neglectful parents.

Although professionals made the point of referring to the 'parent', when examples were given it was mothers' personalities that were scrutinised. For example, Team Manager 2 created an image of a neglectful parent lacking in self-worth, being too absorbed in her own needs to respond to her child's needs. This is given emphasis through the incorporation of the phrase 'me, me, me', implying that the parent is selfish and self-absorbed. This echoes Stone (1998, p.92) who found that a typical comment when defining neglect in practice was 'parents are preoccupied with their own unfulfilled needs':

*'There's the vulnerability there, the depression, the self-worth ... lack of values for self, needy themselves, where you've got a needy parent they're too absorbed in their own needs to actually appreciate where the child is in all of this' (Team Manager 2)*

*'It's all very much "me, me, me" you're having a go at me and I have a right to live my life and have relations and I can do this ... not fully correlating that link between her needs and the child's needs' (Team Manager 2)*

*'We need to find out mother's saying that she's up late on a night, that's why the child is sleeping in late the next day, she can't appreciate that the child needs routines, again this is a very needy, emotionally needy and dependent mother and is looking at herself and getting quite defensive when any slight or criticism is pointed at her direction' (Team Manager 2)*

Within case files there were references made to concerns with the inconsistency of mothers' 'good' caring practices: the mother was considered to provide good care most of the time but on occasion this care fell below 'good enough' when the mother prioritised her own needs. Within Case 2, although the mother is described as being able to provide a good level of care this is not deemed to be consistent: when the mother puts her own emotional needs before her child's needs. Putting her 'emotional needs' first meant 'drinking daily' in order to 'cope':

*X (mother) drinking daily and unable to cope with the full day to day care of X (child) ... X (mother) is able to provide a good level of care for X (child) however there are times when this is not always consistent. This can lead to X (mother) putting her own emotional needs over X (child's) needs ... if X (mother) prioritises her own needs over X (child's) this would be a cause for concern (Case 2)*

Conversely, it was also considered a concern if women were neglecting their own needs. In cases 4 and 1 women were identified as failing to meet or neglecting their own physical and health needs:

*X (mother) is in a poor physical condition and will neglect her own needs. She suffers from depression and takes a high quantity of prescribed medication, which has been known to be topped up with medication off the streets (Case 4)*

*Whilst at the refuge X (mother) gave the impression that she was attending antenatal appointments however this was not the case. There were concerns that X is not meeting her own health needs. She is severely anemic, living in flat with her brother and has no equipment for unborn baby (Case 1)*

The neglect of the mothers' own needs co-existed with several identities of risk (D'Cruz, 2002). This included, 'risk taking behavior', mental health problems and drug or alcohol misuse. Several research studies have highlighted that neglectful mothers are more likely to be tense, angry (Polansky, 1981), have a history of depression and attempted suicides (Connell-Carick, 2006) and report 'significantly more depressed symptomatology' (Hildyard and Wolfe, 2007, p.899) than non-neglectful mothers. Research has also highlighted that drug and alcohol misuse and learning difficulties are common characteristics of neglectful parents leading to an inability to care for and meet the needs of children. Within this study mothers with diagnosed mental health problems or depression, often combined with drug and alcohol misuse were characterised as 'dangerous', insecure, irrational and non-conforming. The consequence of this construction is that it frames experienced problems and blame firmly within individualistic terms. In Case 2 the mother is positioned as depressed, having a history of self-harm and '*drinking too much*'. This is

associated with abusive, argumentative and aggressive behaviour. The implication is made that she 'tries' hard to put her child's needs first by ensuring that her daughter does not observe her 'insecurities'. Emphasis is also placed on an inability to meet her child's needs during times when she has self-harmed:

*Concerns about the impact of X (mother's) behaviour will have on X (child). There have been times where X (child) has witnessed her mother self-harming, being in a drunken state, being abusive towards hostel staff and arguing with a former partner. X (mother) is very aware this could have long-term implications and tries hard to ensure her daughter does not observe her own insecurities*

*X (mother) has been drunk and caused damage to her flat, on one occasion self-harming and leaving a knife in the bathroom*

*when X (mother) broke a window and had self-harmed with a knife ... whilst X (child) was asleep. At this time she was not available for X (child) and would not have been able to meet her needs (Case 2)*

In two cases the mother had a suspected learning difficulty. This was framed in a different way to the mother with mental health problems. In CIN 1 the mother is defined as being 'vulnerable', 'needy' and lacking 'insight' and understanding into children's needs and risks which dangerous partners posed:

*X (mother) has learning difficulties and is herself very vulnerable. Her level of functioning is not at this point known. She is very needy and requires a lot of prompting and responds to praise. Therefore, this means that X (mother's) ability to protect herself and X (child) is not as would be expected because of this. X (mother) has limited understanding of the risks which her husband poses to X (child) or her daughter (CIN 1)*

Within Case 2 despite several attempts made by social workers to refer the mother to mental health services, following assessment she received no further support. The mother's recognition that she requires counselling is met with resistance that her problems are 'deep rooted' and need to be addressed within 'her own time'. Support remains medicalised in terms of providing anti-depressants in the absence of therapeutic intervention:

*X (mother) has had several referrals to mental health services last year however, after assessment there was no ongoing treatment. X (mother) is prescribed anti-depressants through her GP*

*X (mother) has recognised she needs to undertake counselling however CPNs feel her problems are deep rooted and will take a long period of time. They have also expressed this work needs to be undertaken in her own time (Case 2)*

Further, there appeared to be little evidence of any meaningful one-to-one or therapeutic work between social workers and mothers in order to understand mother's depression, low self-esteem and angry feelings. Mothers were typically referred to health services for counseling or to their GP. Case 3 exemplifies this point:

*X (mother) appears to lack confidence and self-esteem, she is a vulnerable young woman ... X (mother) acknowledges she has issues with her anger and suffers mood swings, she has seen the GP about this ... X (mother's) mood can fluctuate and she reports history of depression. She has been advised to visit the GP in respect of this (Case 3)*

Mothers were sometimes depicted as declining support, which would enable them to address personal issues and 'needs'. In Case 5 there are expressed 'worries' that following the loss of her partner, the mother is not 'dealing' with her loss impacting on her ability to meet her children's needs. The mother here is positioned as non-conforming, declining support around her bereavement that would help to reduce the risk of neglect:

*X (mother) seems to be struggling to cope with the needs of her children as a primary carer potentially due to her recent loss. As such, this has had an adverse effect on her quality of parenting*

*X (mother) has declined support regarding the loss of her partner, there are worries that due to her loss and potential difficulty in dealing with this loss it is impacting on her ability to effectively and appropriately meet the children's needs (Case 5)*

Within the 'needs talk' discourse mothers were further constructed as not being able to appreciate their children's needs. This encompassed a lack of comprehension that children require nurturance and love and unrealistic expectations of the child in terms of their development, resulting in 'aggressive behaviour'. The following quotes provide examples of this construction:

*'Mother's saying that she's up late on a night, that's why the child is sleeping in late the next day, she can't appreciate that the child needs routines, again this is a very needy, emotionally needy and dependent mother and is looking at herself and getting quite defensive when any slight or criticism is pointed at her direction' (Team Manager 2)*

*X (mother) cannot comprehend that there is more to parenting than just food. She is unaware of a child's need to be loved and for them to be nurtured and cared for in an environment that offers them the opportunity to develop within expected norms (Case 4)*

*There is a medium risk of her repeating the aggressive behaviour that she perpetrates towards X (child) due to poor coping mechanisms and some unrealistic expectations of the child (CIN 3)*

Professionals also emphasised that sometimes parents could not 'be bothered' to meet their children's needs. Social Worker 6 emphasised a parent's laziness through the repetition of the phrase 'I can't be bothered' in the context of meeting her children's needs. She claims that in this instance there was 'nothing' underlying which might help to explain why the mother was neglecting her children. She implies that she 'knew' that the mother could not 'be bothered' prior to numerous assessments:

*'We had to just accept in the end that mum couldn't be bothered. There was nothing else underlying, it was just that, she'd had all of these children, was quite overwhelmed by all of their different needs and she got to a point where she thought, you know what, I can't be bothered to meet them, I can't be bothered to do what is expected of me' (Social Worker 6)*

*'You know, because you go through the whole process of spending lots of money doing specialist assessments and trying to get to the bottom and just thinking my god, what is actually*



*going on, when really it's staring you in the face right from the word go, because you knew right from the word go that mum couldn't be bothered, but it's why? And you don't often think well actually it's just because she can't be bothered' (Social Worker 6)*

Similarly, Sure Start Professional 8 constructs an image of a lethargic and lazy mother. She draws on a stereotypical and stigmatising image of a neglectful parent through her admission that this opinion is 'unprofessional':

*'Depression, not being able to get out of bed, not being able to take the children to school in the morning you know, just being so lethargic and not having the energy to do anything ... I do think it's just laziness as well and that's an awful unprofessional thing to say but sometimes it really is they just can't be bothered' (Sure Start Professional 8)*

This phrase was also repeated within Case 4, although the mother is further quoted as saying she 'cannot cope' with her child's behaviour:

*Found X (mother) to be non-responsive to X (child's) emotional needs, and was saying she could not be bothered to collect X and X, and another child from school. Going onto repeat herself by saying: "I want X (child) out, I cannot cope with his behaviour (Case 4)*

Similarly in Case 3 the mother is quoted as saying 'I can't be bothered', impacting on her patience with her child:

*X (mother) presented as very low in mood and had very little patience with X (child) repeating 'I can't be bothered'. X (child) had only two nappies, no baby wipes, bottles and very little food in the house. Home conditions were poor and raising concerns (Case 3)*

This construction of the neglectful mother exists in relation to dominant discourses of the idealised mother. Specifically, the reference to 'child's needs' and the ability of the mother to respond to and meet these needs echoes attachment comprehensions. Attachment theory, upholds the notion of the selfless mother, as White (1996, p.74) argues the 'sensitive mother who subjugates her own needs in the name of emotional

availability to her child'. Similarly Howe (2001, p.200) argues that children develop secure attachments when they 'experience their carers as emotionally and psychologically available at times of need'. The professional construction of the self-absorbed, needy and lazy mother unable to provide a secure attachment relationship to her child by putting her own needs first, exists in opposition to the idealised selfless mother who is able to provide a healthy and secure attachment. Through this discourse professionals contribute to the construction of a deviant neglectful mother who is differentiated from the 'normal' selfless mother upheld within dominant understandings of motherhood. As Burman (1994, p.84) argues "insensitive" mothers are produced by theories of maternal "sensitivity". By constructing neglectful mothers in this way, the assumption appears to be being made that their 'needs' are deep-rooted and irreversible. As a consequence, some professionals consider counselling to be 'inappropriate' for these 'types' women. There appears to be a lack of energy and commitment to encouraging mothers to seek available supportive and/or therapeutic intervention. By positioning mothers through this more *blaming* discourse, the need for support centred on *understanding* mothers 'needs' falls from view. Further, a dichotomy exists between the 'personally inadequate' mother and mothers who 'can't be bothered'. Through constituting women as simply 'lazy' the assumption is made that these women have no underlying, hidden issues or stressors and as a consequence become less worthy of support and less appropriate as a candidate for professional intervention.

### **Neglectful mothers and the underclass**

Overwhelmingly, neglectful mothers were presented as poor women. Similarly to Scourfield's (2003) findings, professionals identified the existence of an 'underclass'. Although multiple definitions of an underclass exist, professionals made specific reference to aspects of the Conservative account of the underclass primarily influenced by the work of Charles Murray. For Murray (1996, p.23) the 'underclass' refers to a

particular 'kind of poor person' and culture of poverty characterised by illegitimacy, crime, drug use, unemployment and violence. Murray was also pre-occupied with 'illegitimacy', marriage (Lister, 1996) and lone motherhood. Lone mothers, who he describes as having low intelligence and cognitive abilities, are understood as a social threat (Duncan, 2007). For Murray then, there exists a 'cultural and moral division between the virtuous, responsible and industrious nuclear families' and 'criminal, anti-social, feckless single parent families' (MacDonald, 1997, p.10-11). MacDonald (1997, p.19) argues that central to the underclass ideology is the inculcation of the behaviour traits of the underclass 'into the young so that the underclass reproduces itself down the generations'. This discourse also transcends into policy and public debates, including the positioning of teenage mothers as a social problem and threat and fathers as feckless (Duncan, 2007) and more recently, the Conservative Party's pledge to tackle the 'feral underclass' (Ken Clarke, Conservative Party Conference, Manchester, October 2011). Professionals considered neglectful families to be part of a distinct 'culture' in which entrenched cultural patterns of parenting transcend through generations. This can be construed as blaming and holding individuals responsible for structural problems. Sure Start Professional 8 constructed an intergenerational cultural view of neglectful parenting. Similarly Social Worker 4 commented that parenting practices are often entrenched:

*'I think as well it's got a lot to do with just culture, just how it is, that's how mam and dad did it, that's how grandma did it, that's what they've said, you know putting whiskey in a baby's bottle, how many times, great grandparents are saying that, it's huge, you wouldn't do it now and 'if you bite you bite them back', things we're having to now say 'no, you can't be doing that'. But it is culture, you do what your parents did, you live how your parents live a lot of the time' (Sure Start Professional 8)*

*'I suppose again if it's what they're used to, it's entrenched isn't it?' (Social Worker 4)*

On occasion this discourse was linked to parents' low intelligence, emphasising ignorance of normal parenting practices. Echoing Duncan's (2007) research on teenage parents, a focus on 'ignorance' as an

explanation shifts the focus away from social disadvantage and structural causes of behaviour. Sure Start Professional 5 attributed neglect to a 'culture' of parenting inherent within friendship groups. Parents are considered to be *ignorant* of adequate parenting practices. Sure Start Professional 8 produces the subjectivity of a mother she is currently supporting. She suggests that her experience of being parented has resulted in her not 'having a clue', implying low intelligence. She also claims that her behaviour was a 'form of attention seeking' rather than an understandable reaction to life experiences:

*"I think parents' own childhood, I think the parents' own expectations, I think the parents' friends, you know, a cultural thing, often ignorance that this is how you parent and they don't see anything wrong with the way that they parent, but we would certainly see it as neglectful" (Sure Start Professional 5)*

*'It was definitely her parenting from earlier on, she just didn't have a clue, it was definitely some form of attention seeking' (Sure Start Professional 8)*

The theme of a 'culture' of poor and ignorant parenting was interwoven with discussions about neglectful families as 'welfare dependent'. Sure Start Manager 2 argues that welfare dependency transgresses generations. In using the phrase 'living off the state', she implies a level of dependency and an absence of individual responsibility:

*'We have families where third generation, fourth generation of living off the state, living off benefits'*

Reflecting on the financial situation of parents she is currently supporting Sure Start Professional 6 also constructs this discourse of dependency and deprivation being 'historic'. The suggestion is made that parents have been '*brought up on benefits*' and '*they've never worked*', '*they've never had that work ethic*'. However, risks resulting from financial issues were viewed as being reduced as a result of the parents being able to manage on a budget:

*'I guess so, they've been brought up on benefits and they've never worked, they've never had that work ethic where you*

*work to make money. They've obviously had their benefits which is nothing and they struggle to survive on them but they do so I guess they've always kind of everything has to be done on a budget they really have to watch what they've spent and if they don't then I guess they know the consequences'*

There was a dissonance between the discourses of neglectful mothers whereby mothers are seen to be pathologically and individually responsible for failing to adequately parent and this competing discourse of intergeneration dependency and passivity. A professional disconnect exists whereby underlying cultural issues are not addressed, but maintain responsibility on the 'feckless' or inadequate individual.

Not being able to manage financially was frequently mentioned within case files, including rent arrears and the non-payment of bills. If parents were unable to 'perform' this ability to manage on a budget associated with reduced risk they faced consequences (this is also hinted at by Sure Start Professional 6 above). This included threats of eviction and gas supplies being cut off. In Case 2 the mother is presented as attempting to gain her own tenancy although this resource will only be given when she has performed an ability to pay her rent and conform with the hostel's rules. As a result of her non co-operation she is placed on a 'final warning' with the hostel:

*There are also concerns in relation to housing in that X (mother) has fallen behind with her rent and has been placed on an anti-social contract at the hostel*

*X (mother) is hoping to gain her own tenancy however this will not happen until she is able to prove she is able to manage at the hostel. X (mother) is in arrears with her rent and a notice to quit has been issued*

*Over this last year X (mother) has a history of abusing alcohol and not conforming to the terms of her licence at X Hostel placing her at serious risk of eviction. She is currently on a final warning with the hostel due to her behaviour and falling behind with her rent (Case 2)*

Mothers who were positioned as in debt and unable to manage their finances were presented as spending their money unwisely and being unable to budget. The following quotes exemplify this point:

*X (mother) is on Incapacity Benefits, although she would not be able to work, as she is caring for X (child). X (mother) is in receipt of all of her benefits and entitlements, but it remains unexplainable as to where all of her monies go.*

*X (mother) has significant problems in paying her bills and this has been evidenced by the gas being off in the property for the past 5 months. The outstanding gas bill is for X, which means that every time she uses the gas X of this goes towards paying the bill off. The family are not coping on the monies they receive and it is known that the mother pays into a catalogue, but for what items it is again unknown (Case 4)*

*'I mean the family were in severe debt as well. I'm not saying it was the only reason, but it was one of the reasons. They were spending huge quantities of money buying food from fast food outlets, I know that sounds awful but when you've got it on a day-to-day basis they were going in and spending twenty pound, ten pound a day in Greggs' (Sure Start Professional 7)*

### **Mothers and their mothers: the cycle and intergenerational transmission of neglect and poor parenting**

#### ***Cycle of neglect***

The majority of professionals explained neglectful parenting with reference to the 'intergenerational' nature of neglect and 'culture' of poor parenting. As Newcomb and Locke (2001, p.1220) observe 'clinical lore, anecdotal accounts and research evidence have linked parents maltreatment of children to their own maltreatment experiences as children'. For example, Stone (1998, p.92) discovered in his research that eighteen out of 20 cases scored positively for 'poor parenting of caregivers'. Similarly, Connell-Carick et al. (2006) found that a characteristic of the neglectful parent was a history of child abuse or neglect. Several professionals re-produced this discourse of the 'cyclical' nature of child neglect. In doing so they draw upon the argument that 'in

essence, we parent, in part, by following our internalised models delineating how parents act' (Newcomb and Locke, 2001, p.1236):

*'A family where there's been a history of neglect where it's almost cyclical, interfamilial. A parent with their own experience of having been neglected will then go on to neglect because the fundamental parenting skills required haven't been handed down to them if you like and if it hasn't been addressed at an earlier age then there's the potential to go on to neglect' (Team Manager 2)*

*'I think you've got obvious things with neglect like cycle and things like that, this is what my parents did, this is what my grandparents did' (Sure Start Professional 7)*

*'it's about parents' childhood experiences and cycle of neglect' (Social Worker 3)*

Several professionals explained that neglectful parents, specifically mothers, lacked knowledge and understanding of how to parent as a result of their upbringing. Sure Start Professional 6 reflected on a neglectful family she was currently supporting and suggested that an absence of parental knowledge is indicative of perhaps the parents' own childhood experiences, of an abusive or neglectful upbringing and of a lack of understanding as a parent:

*'I don't know if it's the way they were brought up, if they've been neglected as a child or if they've never had a good bond with their parents, which I think in both cases they didn't. I know (the mother) was in and out of foster care all of the time and (the father), I don't think he's ever had a particularly good relationship with his parents. So I don't think that's helped. I think just a total lack of understanding of how to be a parent. I guess that reflects their childhood, I don't know if their household has been abusive or neglectful ... I think a lack of understanding is a major factor, they just don't have the knowledge to look after a child' (Sure Start Professional 6)*

Sure Start Professional 8 similarly attributes neglect to the parents' own parenting and experiences of care:

*'Yeah it is sometimes just their own parenting, what they've had, in and out of care, no stable adult in their life and they've just never been taught that you clean a house or that you get*

*washed every day and how babies need to be looked after and they've never had any kind of love themselves' (Sure Start Professional 8)*

There was also a suggestion from several workers, that neglect becomes normalised within families. Arguing that parents lacked insight into their neglect of their children as a result of a neglectful upbringing, this was considered a 'normal' way to parent. Social Worker 8 exemplifies:

*'A lot of the time it's difficult to say whether this is intentional neglect or whether these parents have been neglected themselves in such a way that they don't actually know that what they're doing is classed as neglect because it's quite normal for them and I think we're still against this age old problem ... a lot of them don't genuinely feel that they've done anything wrong and it's because they are purely parenting in the way that they were parented and that's normal for them'*

Through this intergenerational conceptualisation of child neglect there was an attempt on the part of professionals to explain how neglectful parents are not simply culpable but are shaped by their experiences. The problem is that they assume a direct and proximal connection between their own experiences of parenting and then neglecting their children. In reality, this is much more complex. For example, being in care as a child makes people more likely to have poor educational outcomes, be at higher risk of offending and being not in education, employment or training (Stein, 2004). These social disadvantages makes it much more difficult to parent. Drawing on over-simplified models of intergenerational transmission fails to recognise the complex structural factors shaping these peoples' lives.

### ***Neglectful mothers and their mothers: responsibility for neglect***

In addition to more general notions of cycles of neglect the discourse of intergenerational transmission was at times heavily gendered: again focusing on women as responsible. Women were, worryingly, deemed to be responsible for not having 'resolved issues' from their childhood. For



example, Coohy (1995, p.893) discovered that 'the mechanisms that perpetuated child neglect may lie in personality and behavioural traits of the mother ... that are then produced in the adult and daughter through the mother-daughter relationship'. Sure Start Professional 3 discusses her application of the use of the chronology as a surveillance tool to gain information about the mother's childhood experiences:

*'in this job I don't get the same information and background than I did when I worked in social care when I had huge chronologies and parent records and things like that and when I was able to see that mum went through exactly the same things as their child and their parents were experiencing this and that and the other' (Sure Start Professional 3)*

In Case 3 and interview with Sure Start Manager 1 the gendered nature of intergenerational transmission is depicted:

*X (mother's) childhood experiences appear to have impact upon X (mother's) parenting capacity. Home conditions are of significant concern and X (mother) often states that she was raised in worse conditions and therefore her home is fine (Case 3)*

*'it was more around mum's lifestyle and lifestyle choices and not seeing the detrimental effect on the child longer term and that was down to mum's experience of being parented, it was a pattern within that family' (Sure Start Manager 1)*

Mothers were held responsible for not addressing these unresolved issues experienced in their childhood. Within Case 2 the mother is positioned as being unable to address historical issues, which were negating her ability to parent. This inability is presented as a challenge for professionals attempting to provide support and effect change. There is an expectation that the mother should address these issues in the absence of counselling or therapeutic support:

*X (mother) has in-depth unresolved issues from her early years that remain unresolved and as of yet she is not in a position to contemplate possible ways of resolving historical issues that negates the life of X (child) and herself. This in itself seems to be a barrier to X (mother) sustaining effective and lasting change, rendering support at times as being ineffective*

*Members recognised that X (mother) has suffered significant and intense harm as a child and has frequently moved around the country, which is presumably inhibiting her from leading a more positive lifestyle today*

*Abused as a child 'X (mother) does not like to talk about her past experiences in relation to this*

*X (mother) has been assessed by mental health services. They are not involved and have closed the case however have suggested X (mother) seeking counselling in relation to past events in her own life (Case 2)*

Both Team Manager 2 and Social Worker 2 emphasised that parents failed to address negative childhood experiences. By claiming that 'they haven't learned' and 'haven't addressed' these issues, responsibility and blame is refocused on them rather than their upbringing:

*'It can either stem from unresolved issues in their own childhood or when they haven't been effectively parented and they haven't learnt to put those in place' (Team Manager 2)*

*'Issues of their own neglect that they haven't addressed in the past, you know, their own childhood experiences' (Social Worker 2)*

Therefore, there is considerable vague talk about "unresolved issues from childhoods". This is particularly concerning. Mothers in need and in difficulty are being judged by professionals on the basis of presence of earlier adversity, with this adversity seen as barrier to their parenting capacity. Given that most people who experience childhood adversity are 'good' parents themselves it would appear to be poor logic that the presence of adversity is viewed as a significant barrier to change.

A focus on this discourse sometimes led to a discussion of the complexity and challenges involved when changing entrenched behaviour. Although professionals referred to the 'parent' when explaining intergenerational neglect, examples of difficulties in breaking this cycle of neglect remained focused on the mother. Both Social Worker 4 and Sure Start Professional 7 reflected on the difficulty of 'breaking' this repetitive cycle, which they view as normalising neglectful or poor parenting. By emphasising the

challenges involved in changing established and entrenched mothering behaviour professionals draw on the dangerous assumption of 'message of irreversibility' (White, 1996, p.75) inherent within the discourse of intergenerational cycles of abuse. As a consequence mothers also remained indirectly responsible:

*'it's a case that's been involved, it's a family that's been involved, when mother was a child as well, and you know it's very difficult to break the cycle I think ... It's history repeating itself I suppose. That's what it's about, attempting to break the cycle really which is quite a hard task I think' (Social Worker 4)*

*'you wonder if you are ever going to be able to break the cycle totally with this family, I don't know ... hopefully we can' (Social Worker 4)*

*'is that down to, it's just a cycle? You know we talk about it's a repetitive cycle, you know, their parents were like that so ... and they don't see any harm in that because that's how they were brought up and no recognition of that and that's quite difficult to break' (Sure Start Professional 7)*

There was limited reference made to father's childhood history, although in the following cases fathers' childhood histories were highlighted:

*X (mother's) period in care, both parents have experience of being abused as a child and X (father) has a history of violence (CIN 1)*

*In particular, X (father) suffered neglect as a child and was introduced to heroin by his father at the age of 10. This highlights the fact that neither X (mother) or X (father) have experienced positive role models and may subsequently have difficulty themselves to parent effectively without support (Case 4)*

### ***Mothers' reflections on experiences of being parented***

In addition to the emphasis placed on cycles of abuse by professionals, interestingly mothers interviewed also reflected on the legacy of their own experiences of being parented. Two mothers claimed that their ideas about parenting were influenced by the way they were parented, although they did not believe that this parenting was poor. Their reality differed to that of professionals. When I asked Mother 1 where she thought her

ideas about parenting came from she replied: *'my mother really. My sister and her bairns, seeing the way she goes on and picking it up really'*. Reiterating the perceived 'naturalness' of mothering, she further implied that mothers simply 'know' how to parent: *'it's mothers' instincts. You know what's good for the bairn'*. *I've looked after bairns all me life. I used to babysit'*.

Mother 4 constructed a positive image of her upbringing, despite having limited income she felt that her parents did the best that they could:

*'we were always brought up really well-mannered but we didn't have loads of money ... we were always clean and had, you know, the best my mam and dad could give us, we always had plenty of food and stuff like that'*

Although admitting that she gained her knowledge of parenting from her parents, which was not 'very good', Mother 3 excused their poor parenting: *'a lot of it wasn't very good but at the end of the day it was a different era. You know'*.

This suggests insight on the part of this woman: she is not simply following the models she was exposed to as a child, she realises that practices have changed and times have moved on. This is a much more positive discourse from a mother than the rather bleak position of many professionals. Later in the interviews, two mothers suggested that their current relationship with their mothers was not supportive and was at times destructive. Mother 4's 'positive' image of her own upbringing contrasts with her experiences of support from her mother when she became a parent herself. She hints at the exasperation she feels in the absence of this support:

*'My mam was not very supportive in the slightest, I think "why couldn't she have been like that?" I wasn't asking her to babysit every week so I could go out gallivanting or anything ... but I think if I'd had more support, maybe, known about more support things ... if you're by yourself and haven't got any family or friends'*

Mother 4 hinted that not having a supportive family is one of the main causes of mothers losing their children and/or becoming homeless:

*'I think a lot of people in here haven't got supportive families ... that's why they're here, otherwise they'd be with their family'*

Similarly, Mother 7 reflects:

*'I kind of started dropping out of school because he needed me and my parents weren't really there that much so I kind of left school, they didn't really have much there for me'*

Both Mother 7 and Mother 4 expressed feelings of panic associated with this isolation. Mother 7 explained that *'I didn't have any support off anyone so it was kind of ... it was just everything was down to me ... I was like "ahhh, what do I do?". I didn't know what to do with myself'*. Mother 4 discussed similar emotions when coping with parenting and social service involvement: *'I cannot cope with doing it, I'm totally by myself, I'm fighting this battle by myself'*.

### **Poverty and neglect**

Although within interviews and case file data attention was paid to poverty and the social context of neglect, this was significantly less so in comparison to the risk identities of the mother. In addition to the 'underclass' discourse previously described this construction of poverty was less blaming and linked to discourses of social exclusion. Here professionals characterised the areas in which neglected families live as low socio-economic areas, socially deprived with high levels of poverty, deprivation, poor housing, drugs and crime. This was viewed as a contributory factor to neglect:

*'a lot of the families we work with are, and we are based mainly in X and X which are pretty much socially deprived areas which is why we're here so you know I think there are a lot of issues around housing and just a lack of finance which can lead to not*

*having all of the things you might need' (Sure Start Professional 3)*

*'I guess and the area, X and X isn't the nicest of areas, there's a lot of drugs and crime in the area which probably doesn't help at all and I know where X and X used to live they used to get a lot of hassle off neighbours for money and alcohol and I know that they really struggled with that, even though they were strong enough to say look leave us alone we don't want anything to do with you I think that it had a major impact and thankfully they got away from it and they got a new house. So I guess where you live and X and X have had to move house as well and they've got a nice place now' (Sure Start Professional 6)*

These constructions reiterate aspects of social exclusion 'a term that covers, but is broader than, poverty. It relates to being unable to participate fully in normal social activities, or to engage in political and civic life. This may be because of people themselves, or the areas where they live. They are often experiencing high crime, poor housing, high unemployment, low incomes and so on' (Social Exclusion Task Force). Connections were also made between neglect and social isolation. Social Worker 1 commented that social isolation through an absence of supportive social support adversely impacts on parenting practice:

*'I mean sometimes social isolation is a big one, if you're in an area where its just you and you haven't got people saying are you not going to do this or are you not taking your child to Sure Start or whatever ... or you're not going to enrol your child in nursery, if you've not got people around just mentioning those things and add that to maybe neglectful parenting you had yourself' (Social Worker 1)*

Sure Start Professional 4 suggested that most of the families she worked with are 'very isolated' and made specific reference to the social isolation of families who had migrated to the area:

*'It could be social isolation so in some respects the neglect could come out of the fact that they're a new arrival to the country and actually don't know how to access things' (Sure Start Professional 4)*

Professionals also highlighted the danger that poverty and deprivation becomes 'normalised'. Sure Start Professional 4 reiterates:

*'I also think we have to be very careful when you're working in an area where poverty has such an impact, I mean we have what, four of the areas in X have children in the highest 1% in the country, so when you have that deprivation and poverty and you're seeing it all the time you have to be very careful you don't become normalised to it'*

The majority of professionals recognised that living in poverty can adversely impact the 'ability to parent' and increase the risk of neglect. Sure Start Manager 2 strongly suggested that poverty was linked to neglect. She describes an example of parents losing their jobs or being in debt and as a result prioritising securing employment over attending, for example, children's appointments. This supports Stone's (1998, p.93) study in which practitioners considered that 'it was not simply poverty that led to children being neglected; rather, it was that, in situations of scarcity and pressure, children's needs got overlooked or took second place to adults':

*'we have families ... who perhaps have their own house where the breadwinner or perhaps both parents have lost their jobs so they're in serious debt and they're going to be evicted and that can or will and does effect parents ability to parent and things get missed. I haven't got time to go to the doctors, I haven't got time to do this, I'm sorry I've got to concentrate on this, so the children's appointments if you want are neglected because there are other more important ... things to focus on ... I've got to get a job, I've got to go to the bank, I don't have time for this ... and I don't think it's a conscious thing I think it can go into drift, I think neglect can creep up on you and suddenly it's there' (Sure Start Manager 2)*

Further, the following professionals identified that poverty could be a determining factor in child neglect cases:

*'I think my values are you know, try and understand how they got there in the first place, poverty, lack of education' (Sure Start Professional 5)*

*'Unemployment, I think. Financial hardship' (Social Worker 7)*

*'issues of neglect in finances so it would leave you homeless'*  
(Social Worker 2)

*'That's exactly what it is, poverty definitely'* (Sure Start Professional 5)

These constructions, together with individualised understandings of neglect draw upon the ecological and systemic understanding of parenting. Garbarino and Collins' (1999) systemic approach highlights the interplay of biological, psychological, social and cultural factors. More specifically, in relation to neglect research has emphasised that individual, family, community and societal functioning are determining factors (DePanfilis, 1996; Lally, 1984). More recently, Turney (2000, p.54) argues that we need to consider the political and social context in which caring takes place, an approach which recognises the 'importance of intrapersonal dynamics but will also highlight the nature of relationships between individuals, their families and wider communities'.

However, two Sure Start professionals highlighted the danger in assuming poverty was the overriding, sole cause or factor in cases of child neglect. As Slack (2004, p.396) claims, 'despite strong correlations between poverty and child neglect, low income status alone does not fully explain this outcome'. Garbarino and Collins (1999) also make clear that many parents living in extreme poverty are good carers. Sure Start Professional 4 emphasised that although it cannot be said that poverty '*correlates definitely to neglect*', it does '*have an impact*'. Sure Start Professional 4 stated that '*millions of families live in poverty where neglect isn't an issue at all*':

*'And that isn't to say that poverty correlates definitely to neglect but it does certainly have some impact on it because it comes down to education as well I think*

*'Poverty can be a factor but I would be very careful in saying that as one of the first factors, although I have said poverty I would be very very wary of using that. Hundreds and millions of families live in poverty where neglect isn't an issue at all'*



Although there was some discussion of the impact of cuts to early intervention services on practice, 'social' and 'institutional' neglect was not explored. This encompasses examining institutional, social, economic and educational policies that ignore the needs of children (Garbarino and Collins, 1999; Spencer and Baldwin, 2001). However, professionals did discuss that they were supporting families within an oppressive social context. As a result they felt powerless to effect change at wider socio-economic levels, the more radical aim of anti-oppressive practice:

*'We can only do so much and we can offer support around how to improve a situation but you ... can't get someone better housing, you can't improve financial situations so it's you know you're limited to families resources as well and motivation and sometimes the parents aren't in the right place and you're trying as hard as you like to improve things but if the parent doesn't see it as a problem then you're fighting a losing battle really' (Sure Start Professional 3)*

*'we haven't got a magic wand, we aren't going to move them to a different neighbourhood and we aren't going to find them a job, although we do ... we look at training for parents ... building up confidence so it's all around moving on hopefully' (Sure Start Professional 5)*

### **'Experiences' of the neglectful mother – linking risk to social, cultural and structural context**

Parents provided an alternative subjectivity to the identities of risk presented. Rather than focusing on attitudinal, psychological and personality characteristics inherent within professional constructions of gendered responsibility, individual issues were presented as arising within a social and cultural context. This reiterates Pollack's (2010) study in which alternative conceptions of 'risk' positioned personal issues within a social context. Parents presented personal issues as interacting with contributory factors including poor housing, an absence of reliable childcare, limited income and institutional constraints. Poverty was implicit within this subjectivity. Mother 7 positioned her depression, experience of being a lone parent and living with an abusive partner within a social context: her experience of living in a council property with limited

disposable income. When I asked her directly what had contributed to her depression, she expressed that the appearance of her home was a factor:

*'Yeah because the floor was covered in paint and that's because of the council it's a council property and the floor just looks disgraceful and you're thinking what a horrible floor'*

*'And then yeah the flooring because I struggled to get in, the carpet didn't last long ... I moved in and got a carpet and after the high chairs and that you know constantly spilling stuff on the floor it went mouldy and really, really stunk. So I needed to get rid of it so I ripped it up and because it was so cold in here we had a little rug in here and X (social worker) helped getting funding for the lino'*

In understanding this subjectivity Neysmith and Reitsma-Street's (2005, p.383) concept of 'positioning' is useful, defined as 'securing resources and providing the necessities of life to those for whom one has relationships of responsibility'. Within this concept, lone mothers with limited income adopt multiple strategies in order to provide. This includes looking after the home, caring for partners and children, attempting to gain employment and claims making (Neysmith and Porter, 2004). For example, with limited income Mother 7 attempted to improve her council property through securing 'claims' or funding with support from her social worker.

Mother 2 positioned her continued drug use within a social and institutional context. Professional involvement was part of this institutional context. She responded to a decision by social services to continue involvement following a suicide attempt by her partner who had a diagnosis of schizophrenia by 'taking drugs' and leaving her son in the care of her mother. This led to her 'getting in trouble' and returning to prison. It is within this context that she tries to provide for her children, for example, through attempts to secure employment:

*'They (her children) got kept on it (child protection register) and just loads of problems went on and on and I ended up getting back onto drugs, going with old friends, leaving my son with me'*

*mam all the time ... I ended up getting in trouble and going to prison. But once I was in prison I changed all my ways and everything, got out, got myself a job ... I was training to be a chef ... I got out on tag ... my mam didn't trust I was off the drugs and stuff so she ended up pulling me tag box out ... I ended up getting recall back to prison. I knew I would have lost my job'*

Mother 6 highlighted the effects of being labelled 'lazy' by professionals and constructed an alternative subjectivity. She describes that she was given six months to secure a house and when this did not happen she was threatened with court proceedings. Although she could not secure a home until her 'check' came through she describes being labelled as 'lazy' as a result of this delay. The implication is made that professionals interpreted her inability to gain a house in individualistic terms, specifically 'laziness', omitting a structural understanding of why she was unable to secure a home:

*'I had a six month scale ... yeah they gave me six months to get a house and because it didn't happen that's when they started threatening me with court ... I couldn't deal with it and they kept telling me I was just being lazy and I didn't want a house and even these were saying "it's not the fact she doesn't want one, she cannot get one until this check comes through"'*

Mother 3 similarly emphasised the presence of an interaction of structural and personal issues that lead to her having a nervous breakdown and consequent difficulties in meeting the needs of her child:

*'It was a nightmare man. Oh I had to contend with all this trouble going on with the neighbours, I had this guy living with us who was an alcoholic, a teenage son, two dogs, cats ... I didn't have much money ... aaaahhh! Nervous breakdown time, which I did, I had a couple of nervous breakdowns' (Mother 3)*

In addition Mother 5 highlighted the interaction of personal and structural issues:

*'Depression stuff like that really bad depression as well, my husband walking out on me, that's why I hit the drink and being*

*homeless and then my kids taken to their dad but I'm moving forward now I'm a lot better and moving a lot forward in life'*  
(Mother 5)

In contrast to professional discourse, women constructed a more emotional account of the lived experiences of poverty and of professional involvement in their lives. Professional involvement was viewed as an interacting stressor. Within parent's discourse these structural and institutional factors were viewed as contributory factors to personal issues (for example, depression, drug and alcohol misuse), which in turn hindered their ability to care for their children. This more social understanding stands in contrast to individualised and psychologised constructions of child neglect and professional discourses around poverty. Professionals constructed a less emotional understanding. A lack of finances, for example, was viewed as possibly leading to a family becoming homeless. Further, children were viewed as at risk of neglect, when parents had to focus or prioritise finding and securing employment. Poverty and social factors were presented as additional stressors to neglect, rather than interacting and being positioned as a direct contributory factor to personal issues, for example, to depression. This has consequences for responding to neglect – if social circumstances are not viewed as a direct contributory factor to personal issues then they are given less priority within dominant and accepted ways of intervening.

### **Chapter summary**

- Responsibility for neglect, embedded within professional's 'risk thinking' continues to be gendered. In understanding violence in the context of child neglect, professionals drew upon hegemonic understandings of male violence and normative gendered caring roles. Through the performance of the coupledness 'responsible neglectful mother/dangerous or absent men', professionals colluded with hegemonic gendered norms, with women firmly upheld as responsible. Through this performance women are

upheld as responsible for protecting children from men (and blamed if they fail to do so) and for child neglect. The findings indicate that violence against women, perpetrated by men appeared to be a common occurrence in cases of child neglect. It was recognised that this has detrimental impacts on the child, in terms of observing or hearing acts of violence and adversely affects the caregiving ability of the mother. Violence against women was positioned as contributory and/or worsening existing neglect. Women continue to be positioned as responsible if they fail to protect their children from violent or 'dangerous' men and reduce risk: 'choosing' men over their children's needs. Alternative subjectivities were presented which indicate that this 'choice' is not always straightforward.

- Women were also upheld as responsible for child neglect through the performance of the coupledom 'lone mothers/absent fathers and 'inappropriate' male partners. Women were the default focus of parenting scrutiny regardless of absent or transient male figures. Women were also deemed responsible as a result of their position as lone parents and through their poor 'choice' of partner. There was an omission of any detailed information about absent fathers implying irrelevancy and a failure to view his absence of care as neglectful. Men's absence and new presence in women's lives was constructed in relation to women's behaviour and actions: depicted as not staying with the biological father, forming new relationships with 'inappropriate' men and in some cases, quickly becoming pregnant or having more children when they were not coping. The professional performance of this dichotomy affirmed dominant norms of femininity and masculinity. Endorsing the hegemonic norm of femininity in which feminine identity equates with the maintenance of an, 'ordered', stable and safe home, mothers were blamed for the impermanency and chaotic nature of their relationships with men. Women also became the main focus of investigations if their partner was dismissive of concerns raised by

professionals or were in employment, as men were not present in the home when professionals visited. Fathers were performed as 'breadwinners'. Men were viewed as performing the breadwinner role with little or no interest in childcare. Social work practice appeared to be entrenched within polarised gendered positions and was uncreative in engaging men. A professional double standard exists where professionals expect women to engage men and to protect children from men who pose a risk, while professionals find the experience of engaging these same men as too challenging.

- Specific subjectivities were constructed about the responsible 'risky' neglectful mother, drawing on personality, psychological, attachment and parenting characteristics. Reiterating Pollack (2011) these identities of risk and how to control it were embedded within case file and interview data. There was a preoccupation with the balance between child and parental 'needs' within case files and professional dialogue: parents putting their own needs before their child's needs; parents not meeting their own needs; parents not noticing or responding to child's needs and parents being so overwhelmed by their child's needs that they could not 'be bothered' to meet them. Neglectful mothers were considered a risk when they put their own needs first. The neglect of needs co-existed with other risk identities including risk taking behaviour, mental health problems and drug or alcohol misuse. The discourse of intergenerational transmission of neglect was at times heavily gendered. Neglectful mothers, often, lone mothers living in poverty were also positioned according to 'cultural' and intergenerational transmissions of parenting practices embedded within thinking around the 'underclass'. Further, drawing on psychoanalytic thinking women were considered indirectly responsible for neglect if they failed to address unresolved attachment or historical issues. This was an attempt by professionals to explain that parents are not simply individually culpable but are shaped by their

experiences. However, drawing on over-simplified models of intergenerational transmission fails to recognise the complex structural factors shaping these people's lives, particularly the disadvantages facing young people leaving care making it much more difficult to parent. Parents also reflected on the legacy of their own experiences of being parented, reiterating that they did not follow the models they were expected to.

- Poverty was also understood as a contributory factor to neglect, with professionals explaining that neglected families often live in low socio-economic areas with high levels of poverty, deprivation, poor housing, drugs and crime. A lack of finances, for example, was viewed as possibly leading to a family becoming homeless. Further, children were viewed as at risk of neglect, when parents had to focus or prioritise finding and securing employment. Professionals also highlighted the danger in assuming poverty was the sole cause in cases of child neglect. Professionals felt powerless to effect change at wider socio-economic levels. Mothers provided an alternative subjectivity to the identities of risk presented. Individual issues were presented as arising within a social and cultural context. Mothers presented personal issues as interacting with contributory factors including poor housing, an absence of reliable childcare, limited income and institutional constraints. Poverty was implicit within this subjectivity. In contrast to professional discourse, women constructed a more emotional account of the lived experiences of poverty and of professional involvement in their lives. Professional involvement was viewed as an interacting stressor. Within mother's discourse these structural and institutional factors were viewed as contributory factors to personal issues, which in turn hindered their ability to care for their children. This more social understanding stands in contrast to individualised and psychologised constructions of child neglect and professional discourses around poverty. In professional accounts poverty and social factors were presented as additional stressors

to neglect, rather than interacting and being positioned as a direct contributory factor to personal issues, for example, to depression. This has consequences for responding to neglect – if social circumstances are not viewed as a direct contributory factor to personal issues then they are given less priority within dominant and accepted ways of intervening.

- The consequence of dominance of the gendered construction of responsibility, understood at an individual and familial level is that women become the focus of social work intervention, including normalisation and coercive responses. The moralising of mothers through individualising discourses ‘justifies’ the neo-liberalist strategy of self-governance and self-reliance in the face of limited state support. Risk identities allow threshold levels to be met and result in women becoming subject to increased surveillance in the face of limited resources and narrow focus of support directly focused on changing parenting behaviour. This occurs in the absence of widespread counselling and therapeutic interventions to respond to individual issues, including depression and mental health problems and measures to address structural causes of poverty. Women are often expected to make changes without this vital support and in the face of severe socio-economic challenges.



## **Chapter 9: Deconstructing discourses in assessments of neglect**

### **Introduction**

This chapter explores the discourses that were produced in relation to the assessment of neglect. This encompassed thinking around the *Assessment Framework* and the *CAF*. It analyses whether the *Assessment Framework* is viewed as a positive development for the assessment of child neglect, specifically given its holistic, analytical and child-focused principles. As Rose (2000) suggests, in advanced liberal democracies professionals involved in the control and regulation of populations are increasingly concerned with the identification, classification and management of populations 'sorted' by dangerousness or 'risk'. These elements of neo-liberal governance became part of the assessment performance. Specific risk identities about the neglectful mother and father were explored in chapter eight. As discussed, practice constructions of neglect and responsibilities become useful in the context of providing legal evidence, allow threshold levels to be met and legitimise specific responses and interventions. This chapter develops the assessment theme, exploring professional debates surrounding contested threshold levels into services and the 'sorting' of neglectful families, for example, through the categorisation of 'child in need' or 'child protection'. It explores how neglect is 'performed' as a legal category, becoming part of service rationing strategies. The chapter analyses how the performance of 'good enough' mothering was central to this strategy. It investigates the consequences of different perceptions of 'good enough' parenting or mothering between social workers and between professional groups. The chapter also addresses the role of Sure Start professionals in the assessment of neglect, specifically through the use of the *CAF*. Their surveillance role through the sharing of safeguarding concerns in the context of *Working Together* and associated increased use of ICT is explored.

The chapter also explores how the professional performance of assessment critiqued bureaucratic and managerial demands generated by the dominant discourse of neo-liberalism. Following on from the suggestion made in chapter eight that service user experiences are re-assembled through assessment forms and official documents, this process will be analysed in more depth. This will encompass identifying professional concerns that 'fitting' assessments to set formats and databases can lead to the generalisation and standardisation of service user identities. Further, the impact of timescales, high caseloads and an abundance of paperwork will be explored. The chapter gives voice to the experiences of women and their feelings on being labelled as a neglectful mother, including the positioning of their identities within the bureaucratic system. It concludes by identifying the bureaucratic performance of children's assessed identities through which children become objects of the assessment rather than active subjects.

### **The Assessment Framework: holistic, child-centred and needs led?**

Professionals emphasised how they welcomed the positive developments of the *Assessment Framework* for the assessment of neglect, specifically its holistic, child-centred and needs-led focus. Social Worker 2 identified the appropriateness of the dimensions of the three inter-related domains of the Assessment Triangle, which encompass the developmental needs of children; the capacities of parents or caregivers to respond to those needs and the impact of wider family and environmental factors on parenting capacity and children (DoH, 2000). She identified certain family and environmental factors affecting parental capacity, specifically, 'poor income' and 'inability to manage a tenancy'. She makes direct reference to 'parenting capacity' to meet children's needs, including 'drugs and alcohol' and parents own 'childhood experiences' of child neglect:

*'the assessment triangle, all those dimensions, family history and functioning, about their own parenting capacity ... lifestyle choices around drugs and alcohol ... issues of their own*

*neglect that they haven't addressed in the past, you know, their own childhood experiences. It could be ... poor income, you know, inability to manage a tenancy ... the child's health maybe impacting on parent's ability to actually maintain a good lifestyle ... meeting their health needs ... we could be faced with a neglectful situation through a lack of insight on their own accord and education' (Social Worker 2)*

Social Worker 3 claims that 'we look at all areas' but makes direct reference to the child's 'developmental need', specifically emotional needs and the 'capacity' of parents. She engages here with policy discourse around the importance of knowledge of child development. Although she hints that this is a holistic assessment through the use of the phrase 'we look at all areas' this remains vague and generalised:

*'it's the observation, we just look at all areas, the developmental needs. Emotional, what's provided, but that can be in any form, we do the parenting side of it, and looking at capacity' (Social Worker 3)*

Social Worker 8 provided more detailed information on the developmental needs of the child that are considered when conducting an assessment, including '*physical development of a child, their health needs, social needs, educational needs*'. The appropriateness of the systemic and interactive approach of the *Assessment Framework* to understand neglect is suggested when she claims that '*it (Assessment Framework) also lets you look at a societal level ... what is available to the family, what can they access in the community ... so it looks at the family but then considers wider society*' and in turn how these factors impact on the child's needs. Her reflections reinforce Cleaver and Walker with Meadows' (2004, p.19) stance that 'it is important that assessments focus primarily on the child's developmental needs. Parental issues and environmental factors should be examined in relation to how they impact on the child's wellbeing'. Social Worker 8 also outlines that the assessment: '*helps you gain a picture of what's been done, what needs to be done, what's outstanding*'.

Social Worker 2 and Social Worker 6 emphasised systemic and holistic understandings and approaches to the assessment. Social Worker 2

emphasises the importance of a systemic approach through the use of the terms 'you need to consider the whole picture', 'holistic needs' and 'entire circumstances'. She draws here on a systems approach that according to Dubowitz (1999, p.4) 'helps clarify the complexity we face in understanding the interplay of biological, psychological, social and cultural forces in neglect'. She strengthens her argument by comparing this approach to one that considers a 'point' within the assessment dimensions in 'isolation' rather than linking it with other factors across the framework:

*'I think it very much encompasses that systems theory of they all interlink, you know you can't pick out one point of that Assessment Framework and consider that in isolation, I think you need to consider the whole picture and the holistic needs of that child ... you know considering the entire circumstances rather than trying to isolate it to one specific point' (Social Worker 2)*

Social Worker 6 linked this approach to assessment, which she describes as 'global' to an ability to comprehend family circumstances beyond a 'face value' understanding. This 'face value' approach perhaps echoes previous incident-led approaches to assessment. She discusses how the Framework can support professionals to comprehend the wider picture because 'things like this (neglect) don't just happen'. The implication is made here that a 'face value' approach views incidents out of context whilst a systemic approach 'helps us discover connections that might otherwise remain invisible' (Dubowitz, 1999, p.4):

*'Not everything can be taken at face value, yes if you've got to act in an emergency situation then you've got to act there and then ... but you've got to look at it in the wider picture, globally ... because things like this just don't happen, but it could be that the parents have been brought up in poor home conditions themselves ... and that has been a cycle and that maybe they just need a little bit of support to say you really need to keep on top of your washing up ... and a little bit of advice ... but then if it's a mum who's got quite depressed ... has let things get on top and now can't see an end, then you've got a concern and you need to concentrate on getting mum well so things improve'*

Several professionals emphasised the child centred principle of the *Assessment Framework*. Social Worker 2 does this through repetition in her argument of the need to keep the child 'central' and the 'focus' of the assessment:

*'I think the Assessment Framework is extremely helpful, it keeps you focused and maintaining the focus on the child at the central point of that so that ... any interventions ... that you are putting in place ... ultimately your family remain focused around the child so that we don't drift and you know perhaps forget and lose sight of the child's welfare being central'*

She goes on to claim that in neglect cases demanding families and 'needy' parents requiring 'reassurance' can result in professionals losing sight of the child as the central focus. The Framework however, is useful to 'bring the focus back':

*'I think you can lose sight of that at times when ... families are quite demanding of time that you ... you do lose sight of that if they are very needy parents and need a lot of reassurance ... you need to bring the focus back I think it's always useful to consider the Assessment Framework'*

However, she emphasises that a focus on the child does not mean to 'isolate' the child but to comprehend needs within the wider family context:

*'it's about thinking about the family as a whole ... the concept of the family as well rather than isolating it to the child ... you've got to kind of work with the child within the focus of that but encompassing that within a family structure' (Social Worker 2)*

In stark contrast however, three mothers discussed this theme and asserted that, at times professionals responded to adults' rather than the child's needs. For example, Mother 2 said that her social worker focused on the 'adults' rather than the children, concluding that the professional was 'not bothered about the kids' needs'. She compares this approach to her previous social workers who she considered 'were there for the children' which she viewed as 'more professional':

*'you felt more comfortable with them and you knew they were there for the children and not for the adults because that's the social worker we've got now. It's like she's not bothered about the kids' needs or what happens to the kids, but it's X (ex-partner's) needs, my ex's mam and what happens to her sort of thing. So I don't know, they were more professional about the job' (Mother 2)*

She emphasises this point through repetition of this argument. She reiterates that 'fair' social workers have the 'children's best interests' at heart:

*'I think social services are meant to be there for not the adults involved, the children, to make sure their best needs and interests and not the adults. I've had four social workers now and the first three were always fair and had the children's best interests at heart and it wasn't about the adults getting what they wanted'*

Although social workers appeared to be strong advocates of child-centred work, as discussed in previous chapters there was limited evidence of child-centred practice occurring. This will also be explored within the forthcoming sections of this chapter. Coupled with this, parents expressed that in their view social workers are not child-focused. This is a very worrying analysis of the state of child-centred practice around neglect assessments.

### **Contesting thresholds and the performance of 'good enough' mothering**

When discussing the assessment process, professionals were pre-occupied with threshold levels into services and with identifying who held responsibility for the child. Brandon et al. (2008, p.20) argues that debates on levels of intervention and threshold levels between services are part of the 'longstanding drive to encourage prevention within child welfare services'. This shift towards prevention, early intervention and supportive services within the community followed the Laming Inquiry and was supported by *Every Child Matters* and the Children Act (2004) and later developments, including the introduction of the *CAF* and *Working*

*Together* guidance. This preventative emphasis is built into the tiered levels of need within *Every Child Matters*, *CAF* and *Assessment Framework* (Brandon et al., 2008), encompassing primary, secondary, tertiary and quaternary prevention (Mesie, 2007). Professional debates included whether a case was: neglect or 'poverty'; warranted Sure Start support or referral to children's services (secondary or tertiary support); could be classified as Children in Need or Child Protection (secondary or tertiary support) or required further intervention or fostering/care proceedings (tertiary or quaternary).

However, this focus on prevention occurs within the neo-liberalist pre-occupation with 'risk thinking'. Advanced liberal strategies including individualism, market rationalities, governing at a distance (Parton, 1999) and the development of techniques of budget, accountability and auditing (Rose, 1993), has resulted in welfare systems becoming increasingly punitive with a reduction in spending on social and child care services (Pollack, 2010). Parton (1999, p.121) argues that in the face of resource constraints and cuts to social service provisions concern about risk has become a central concern, 'differentiating the high risk from the rest' and allowing cases to be prioritised, classifying cases for example as child protection or 'child in need'. These elements of neo-liberal governance, became part of the assessment performance. It has already been explored that the centrality of 'risk thinking' in neo-liberalist thought women are upheld as responsible for neglect through the construction of specific 'risk identities'. When 'operationalising neglect' this gaze became more ingrained as judgements were made around 'good enough' mothering. This phrase is central to psychoanalytic comprehensions of mothering which draw on object-relations theory (for example, Klein, Chodorow and Winnicott). As Lawler (2000, p.48) suggests, for Winnicott the notion of '*good-enough mothering* brings the child from a state of infantile chaos ... to the formation of a coherent ego, with a secure sense of self and other ... the *mother* paves the way in which the infant can develop a sense of self'. There was agreement that a decision around when parenting or mothering was 'good enough' was not clear and

threshold levels into services were high. Arguably this difficulty in operationalising neglect results from the way neglect is defined, as discussed in Chapter seven. Differences of opinion between professional groups and amongst social workers on standards of 'good enough' parenting further indicated that threshold levels remained high within all categorisations.

### ***Poverty or neglect?***

Several professionals emphasised the point at which they differentiated neglectful families from families living in poverty. As Scourfield (2000, p.373) found 'whilst seeing neglect as linked with poverty, there was an attempt made to separate out ordinary families from neglectful ones' by professionals. Poverty was linked to 'cultural' issues particularly around diet. Professionals suggested that these families required 'education' rather than a referral to children's services. Sure Start Professional 5 believed that *'it's just making a decision as to whether that's a neglect issue or that they need some extra support'*. She goes on to provide an example of when 'education' rather than a referral to Children's Services is required:

*'We see there are lots of documentaries about children being obese, but the children are still with their parents. They are just given advice ... parents would need to be educated around stuff like that ... it's not necessarily child protection or child in need referral' (Sure Start Professional 5)*

Similarly, Sure Start Professional 8 reflects that *'you go in and yes all right the children aren't being fed healthily and you think is that neglect? Is that not just something you can teach somebody?'* Sure Start Professional 5 comments that 'cultural' issues should not be confused with child protection concerns:

*'We know English children's diets are horrific and there is a culture of what children have, but that wouldn't necessarily be a neglect issue it would be a cultural issue ... you know, you couldn't start social service proceedings with a child who has been given sausage rolls every day'.*



In this professional's view there was often a difficulty in distinguishing when poverty becomes a neglectful situation:

*'I think it's very hard to distinguish and the homes you go into will have nothing, you know, they will be so sparse, there will be an old chair or ... you walk in and there's nothing in, it's so bare, so badly decorated, but I know for a fact there's no neglect there, they just haven't got a penny to rub together'*

She reflects that *'it's making staff aware that that's not neglect it's poverty sometimes and how people live'* indicating that this is especially significant for Sure Start professionals: *'I think that's a big one between the staff here, what's neglect and what's poverty'*. This would indicate that the past existence of the concern that 'class-based assumptions can influence practice' leading to a 'reluctance to bring families into the child protection on ground of being poor, shabby and dirty' (Scourfield, 2000, p.365) has not entirely disappeared. In Case 5 the decision was made that 'issues' regarding home conditions were the result of 'inexperienced parenting' rather than neglect and the case is rapidly closed following 'short-term' work. This reiterates Broadhurst et al.'s (2010) findings that within a context where child protection work is increasingly prioritised as caseloads increase, there is a tendency to stop the assessment whenever the 'opportunity' arises:

*home visit undertaken followed by strategy discussion, decision was that the problems appeared to be due to inexperienced parenting rather than neglect, some issues noted with regards to home conditions, house untidy but not tidy, lots of clutter, floor needing cleaning. Short-term work with family undertaken and case closed (Case 5)*

Some professionals appear confused about the distinction as they see it between neglect and poverty coupled with individual responsibility versus culture. Although poverty does not cause neglect it is clearly a significant factor for neglect. These professionals appear to be uncertain about this, making a binary distinction between poverty versus neglect. This is

problematic and risks an overly liberal response where action is not taken due to assumptions about cultural norms.

### ***Sure Start support or a referral to Children's Services***

The second threshold discussed was whether a case warranted Sure Start support or referral to Children's Services. Sure Start support was identified as vital support for those families who did not quite meet the threshold for social service involvement, with several professionals emphasising the importance of early intervention and a preventative approach. Sure Start Manager 2 reflected on her previous role as a local authority social worker and the sense of relief when Sure Start centres were established for 'neither or nothing' families. Early intervention support then avoids the issue of waiting for problems to deteriorate before referring to children's social care (Brandon et al., 2008):

*'For me, when Sure Start came along and I was a duty social worker ... I was absolutely delighted because it meant all these families, where what do we do with them, they aren't in the child protection arena, they're just kind of neither or nothing or something sort of area, I would refer to Sure Start and it was good to know that at least somebody was perhaps offering some kind of support'*

However, several professionals commented that the threshold level before Children's Services become involved remained high. Social Worker 2 reflected that *'I think the boundaries are that we do work within are high ... you know high threshold within social services ... I think that government spending will impact on what services we can put in place so there will be a need for closer collaboration with health professionals and you know voluntary services ... to ensure that we are addressing the issues of neglect'*. As a result, Children's Services were deemed, as Sure Start 3 explains, to *'only have time to take the most in need'*. She goes on to elaborate that the more 'borderline' cases which do not meet children's services criteria can get 'passed back' several times before any action gets taken:

*'social care are saying it's not our problem they don't meet our criteria and we're saying well what we're doing isn't helping ... or you get families passed back from social care three or four times before something happens'.*

This supports Brandon et al.'s (2008) findings that thresholds were thought to be higher when work that was previously conducted by children's services was now being undertaken by universal services, in this instance Sure Start. Meeting thresholds in neglect cases remains particularly difficult. Brandon et al. (2008) also highlight that re-referrals not resulting in appropriate follow-up may indicate that thresholds for intervention are too high. Similarly, in Sure Start Manager 1's view, there appeared to be an agreement of high and low thresholds, but the 'middle' area was *'the most difficult to define'*. High threshold levels were also frustrating for Children's Services social workers, resulting in reactionary rather than preventative work due to family 'problems' and 'dysfunction' having 'gone on for longer'. Team Manager 2 perceives the situation in this way:

*'In some local authorities where the threshold for coming into the service and having that need is higher so therefore the dysfunction of that family and problems have gone on for longer ... which then makes it difficult to go in because you're not doing the preventative stuff you're doing reactionary, crisis'*

### ***Child in need or child protection***

The threshold between a child in need and child protection case also lacked clarity. For example, Team Manager 2 explained that the point at which care is deemed 'good enough' for the family to be re-classified as child in need lacks clarity. This results in situations of repeated registration, deregistration and re-registration:

*'Neglect can ebb and flow and that happens with a lot of families where we've seen they have been subject to child protection plans previously, they've done reasonably ok, enough to not warrant that threshold of child protection, gone down to child in need, with support they've done what they've*

*needed to do, it was good enough, it was ok, that was good enough, what is good enough?’*

Similarly, as a worker commented in Swift’s (1995, p.80) study: ‘the case will be closed ... that same family will resurface again ... we do patchwork and then we close it and wait until it resurfaces’. Case closing then does not necessarily lead to end of problems rather it is ‘the organisation’s mandated response to a period of minimal care’ (Swift, 1995, p.82). Arguably then very high thresholds can cause cases to be closed or de-registered from child protection services too rapidly. This pattern of registration and de-registration was also present within the case files. In Case 1 home conditions are described as just ‘good enough’ during a previous visit. Later on in the case it is highlighted that the parents have not been able to maintain good enough standards within their home once statutory involvement has ceased:

*Home conditions continue to fluctuate but are just 'good enough' when access has been gained. Last access gained in X ... it is of concern that poor home conditions have been brought to the attention of the department and parents have not been consistent in maintaining acceptable standards within the home, once statutory involvement has ceased. It is also of concern that parents initially minimised the department's concerns and found it difficult to own responsibility for the deterioration of home conditions, however, during the assessment process they have accepted the department's concerns and have made improvements to the home conditions (Case 1)*

Performing neglect, as a legal strategy becomes part of service rationing strategies, with levels of ‘good enough’ care determined by available resources. In the face of high caseloads, cases are closed rapidly resulting in changes not being sustained or deteriorating once a case is closed. A deterioration of care following de-registration is also described in Case 4:

*When the children were de-registered, X (mother) evidenced her ability to increase her parenting capacity and she was described as: "on the ball". However, over the past two weeks*

*regression has occurred, as she has been seen to be struggling to cope*

Mother 6 was similarly confused when she reflected on her experiences of social work involvement. She reported that her social worker was not making clear the changes and actions she wanted her to make. The consequences of a lack of clarity of measurements and threshold levels of child neglect and integrated reliance on the vague discourse of 'good enough' mothering at a professional level have consequences for mothers who struggle to understand what is expected of them:

*'She (social worker) kept saying "it's not good enough. It's not good enough". What else do you want me to do? Do you know what I mean?!'*

### ***Family intervention or care proceedings***

Again, emphasis was placed on establishing whether parenting was 'good enough' when making a decision around fostering or initiating care proceedings. Social Worker 2 describes this as being a 'very difficult one to define':

*'It's a very difficult one to define and to establish when is enough, enough, you know when do we need to put ... further strategies .... And perhaps consider that child you know perhaps coming out of that family home'*

Similarly Team Manager 2 reflects on work with neglectful families:

*'At the same time there are some improvements but is it good enough, it's trying to get through that threshold of is it serious enough to remove a child or if the child has been removed are there sufficient improvements to return the child'.*

What is particularly striking here is that these decisions are being based primarily on whether parenting is good enough – not on whether a child's needs are being met or whether his/her development is being severely and adversely impacted. Even in these key assessment decisions about

whether or not to initiate legal proceedings, it would appear that the baseline is still the parent and not the child.

### ***Threshold levels: differences between professionals***

Pinpointing when care becomes poor enough to reach threshold levels for intervention then lacks clarity. Several professionals reflected that threshold criteria and standards of 'good enough' parenting differ between social workers and professional groups. Social Worker 6 commented that 'there are massive differences' between professionals. Social work professionals cited differences between social workers and health, particularly around the threshold of 'removal'. Health professionals were viewed as advocating removal when parents were delivering higher level of care than the level warranted by social workers. Social Worker 2 explains:

*'Certain professionals can ... view issues of neglect you know, with a high regard and feel that those circumstances may need a child perhaps removing from those circumstances ... but then when a social worker goes out to assess that their threshold criteria is different'*

*'I certainly think that the threshold for removal is very different. I think health care professionals feel that, you know, social workers and social services have a responsibility to remove children at a certain level and we know the threshold isn't quite met'*

Similarly, Team Manager 1 and Social Worker 7 reflect on their experiences of working with health professionals:

*'You get a neglect case where you may have a health visitor who will go down and see a family ... they've got three children here, they live in squalor, things aren't very nice, they think that children want removing ... I might send staff down and they've got a different opinion actually' (Team Manager 1)*

*'Just a recent case of neglect where a health visitor thought the children should be removed from the family home and although we felt there was neglect we didn't think it was bad enough to remove the children' (Social Worker 7)*

Sure Start professionals, although emphasising the importance and crucial role of health visitors, praising their involvement, also clashed with their own views on neglect and threshold levels:

*'I've got a really fantastic link with two great health visitors and they are really on the ball ... but I've had experience with health visitors who formed their own judgements on a family situation' (Sure Start Professional 7)*

*'when there's been a referral from say a health visitor, this is not being critical of health visitors because I think they do an excellent job, but when we get a referral saying the house is absolutely disgusting, it's dirty ... and when you go in, you go ah! I've been in worse' (Sure Start Manager 2)*

Again, conditions of the home were seen as the determining factor, not the impact on the child. Differences between professional groups, were not limited to health and Children's Services/Sure Start, but also extended to police, housing and educational professionals:

*'different professionals have different standards of what is good enough parenting. What does it mean? You know, you can get maybe a police officer going in and saying this home is appalling and social workers going it's not good but it's not appalling, I've seen worse' (Team Manager 2)*

Professionals also commented that standards were dependent upon experience. They indicated that standards of 'good enough' parenting warranting action lowered with experience. Social Worker 2 suggests that:

*'previously there has been a thought pattern around good enough ... like good enough parenting ... newly qualified workers can sometimes come into practice and ... have a case of neglect and feel that it is the absolute, you know, this case is absolutely horrific and needs the children perhaps removing ... a more experienced worker may go in there and say you know this isn't ... the threshold isn't quite met, so I think that very much comes with your own experience'*

An understanding of 'good enough' parenting emphasising minimal care and the meeting of 'basic needs' is specific to the profession of social work. Within this study this institutional standard existed in contradiction

to societal and cultural understandings of 'good enough' parenting, which formed professionals' personal standards. Similarly to the social workers within Scourfield's (2000) study, professionals questioned minimum standards of parenting and hinted that higher standards were required. Standards were viewed as dependent on experience, with newly qualified workers adopting higher, more personal standards of care to warrant action. More qualified social workers adopt lowered standards demanded by the institution, although these standards were viewed as clashing with personal standards of basic care, which remained. Social Worker 5 explained that:

*'You get a lot of social workers, especially the older ones, saying well it'll do ... but in another breath their saying I wouldn't let my child live there'.*

She went on to explain how this standard differed from her own, as a newly qualified social worker:

*'(I'm) thinking "oh my god, this is not acceptable" and the social worker in another breath saying "no this is the norm for families we're working with", when really it shouldn't be'.*

Sure Start Professional 8 also made reference to inexperience, particularly of newly qualified social workers:

*'Some of your very very new social workers can be a bit ... have no middle ground ... you have one saying it's dreadful and another saying it's absolutely fine'.*

In relation, there was a concern that social workers can become so accustomed to accounts of neglect that they become desensitised to its impact: *'because you've seen so many that it doesn't become complacent' (Social Worker 7).*

Perceptions of child neglect also differed between social workers depending individual beliefs (Horwath, 2005a). Social Worker 2 explained that the *'threshold criteria for neglect can be quite a difficult one to define ... given your own value base'*. Similarly Social Worker 5 explained that:



*'people have different levels of parenting and different standards so what might be all right for one is not for the other'.*

Social Worker 7 also picks up on this point:

*'It probably isn't clear because probably different social workers have different standards I suppose, because everyone is individual'*

Threshold levels were also deemed to be affected by serious case reviews, with an influx of referrals to children's services being made following, in particular, the death of 'Baby P':

*'I think the threshold, right I've got to get in there and get this report to social services ... I think people are less tolerant of things now though because of what's gone on of recent' (Social Worker 4)*

*'Obviously things get worse after a disaster, so you had Baby P and what we've now got is a situation, certainly in my experience, we've got health professionals going "it's going to be another Baby P" (Social Worker 1)*

The concept of 'good enough' mothering then in the context of 'risk thinking', determining which families are eligible for assistance in accordance with threshold categories is politically useful. In a neo-liberalist political climate where cuts are being made to welfare services it is women who 'are (ideally) required to resume the hearth and home dependency of the 'male-breadwinner' ideology' (White, 1996, p.78-9). Further, the discourse of good enough mothering supports neo-liberalist strategies of individualism and self-governance, as Lawler (2000, p.50) elaborates when reflecting on Winnicott's concept: 'by naming certain ... mothering practices as 'good enough', by identifying these practices as normal, by locating good enough mothering within the 'self' of the mother ... he (Winnicott) generates a schemata of self-management'. The "bad" neglectful and selfish mother exists in opposition to the mother that is good enough. The phrase, which also suggests an easily attainable level of adequacy (Lawler, 2000), pathologises 'bad' mothers who are unable to provide this level. Responsibility for bad mothering remains at an

individual level: neglectful mothers are expected to become self-reliant through changes to individual parenting and the 'psyche'. The dominance of this discourse means that the need for changes to socio-economic structures falls from view, 'justifying' the rolling back of preventative child care and welfare services. The discourse of good enough parenting then becomes a useful one in a neo-liberalist context, 'justifying' limited state support for those families only deemed to be of high risk.

Furthermore, the *Assessment Framework* introduced the notion of 'parenting capacity', replacing the construction of 'good enough' parenting. The notion of 'good enough' has 'tended to be used to imply that this is likely to be persistent over time and place' and 'inherent to that person' (Hackett, 2003, p.156). In contrast parenting capacity moves towards a 'broader and more dynamic view' of parent's capacity to 'meet their children's needs within their familial, social and environmental contexts' (Hackett, 2003, p.156). It is also less stigmatising – at a specific point in time and place parenting might be viewed as suboptimal, but this may not reflect the potential of the individual to parent given the right support or resources. However, professionals within this study are still hugely influenced by the, now out-dated notion of 'good enough parenting'.

The performance of 'good enough' mothering apparently met when families are 'de-categorised' or 'de-registered' conceals the reality that the selflessness inherent to the discourse is difficult to achieve. For example, Doane and Hodges (1992) question whether the natural selflessness described by Winnicott has ever been attained. How is the neglectful mother able to attain a level of 'good enough' in a climate of limited resources and in an absence of improvement to her socio-economic and personal circumstances? Dominelli et al. (2005) questions whether parental capacity is any more than a new guise for an old term. It is still about women not having the requisite skills and therefore continues mother blaming and holding them responsible not only for their own failings, but society's too, including its failure to allocate sufficient

resources to these families. The performance of good enough mothering is crucial here. In reality 'bad' or neglectful mothers are deemed to make changes through increased surveillance and correctional interventions relying on personal and individualised changes in the mother and her parenting practices to achieve minimal standards of care and self-governance to warrant the case to be closed.

### **Bureaucratic constraints: curtailing holistic, analytical assessments and therapeutic practice**

Professionals' performance of assessment critiqued bureaucratic and managerial demands generated by the dominant discourse of neo-liberalism. The increased emphasis on accountability and efficiency in social work (Carey, 2008) is reflected in the development of performance indicators 'processes, procedures, monitoring and audit systems' (Burton and van den Broek, 2009, p.1328) and 'new technologies to vastly regulated and standardised practices' (Carey, 2008, p.919). Professionals suggested that the standardised assessment form, encompassing boxes and checklists sometimes resulted in a systemised approach. Reiterating Parton's (2009, p.719) critique that 'social work increasingly acts to take subjects apart and then reassembles them according to the requirements of the database', subjectivities and the actualities of service user experiences were constrained within the standardised assessment form. This led to a concern that the assessment generalises identities rather than reflecting individual subjectivities and circumstances. Social Worker 8 exemplifies this point:

*'Boxes are filled without giving a true reflection maybe of the individual family's situations and it goes back again to generalisation of people and maybe not keeping things as individual as we should do'*

Further, Team Manager 2 recognised that the assessment process '*is not always prescriptive, because families don't always fit into a convenient list of things*'. She goes on to emphasise that the tick box format of the

assessment recorded within the 'Integrated Children's System' can 'break up' thinking rather than enhance an analytical and holistic view of the family. She emphasises that it is the online assessment record as opposed to the *Assessment Framework* itself that can lead to this outcome. This supports suggestions that modern social work is increasingly driven by the use of information and communication technologies (Garrett, 2005), used as a media for control and surveillance of both professionals and parents:

*'What could be improved on isn't so much the framework itself, it's more the Integrated Children's System, the electronic system that's a bit tick boxy, repetitive, fitting it in the boxes, that can sort of break up your thinking really. I think the format rather than the framework itself that's the difficulty'*

Professionals reflected on their (limited) use of the assessment tools. Specifically they commented on the Home Conditions Scale and The Family Assessment (including strengths and difficulties scales). Social Worker 3 commented on the Home Conditions Scale, which she uses in practice as a questionnaire:

*'It is a tool, it's a ticky box and it asks questions about the state of the toilets, the state of the kitchen, the beds and you know although I have used it as a ticky box, with experience and over the years you've got a mental ticky box'*

It has already been explored that women's experiential subjectivities are re-constructed as specific 'risk identities' within the assessment form and how this focus operates as a neo-liberalist strategy. Children's identities were also standardised and re-assembled during the assessment process. This is explored in more depth in the section on 'children's views'. A key omission within the documented identities of women and children was the social and environmental context of their experiences. The 'weighting' within case file assessments supports these findings, which tended to be towards 'child developmental needs' and 'parenting capacity' rather than wider 'family and environmental' factors, in particular those domains relating to social context and poverty. More page space

was given to describing the child's developmental needs and the ability of the parent to meet these needs. This was in part the result of the way in which the assessment record was completed where the 'family and environmental' section was treated as an, 'add on' at the end of the assessment rather than a more integrated position with the other dimensions. Further, within the 'analysis' section of the assessment which provides an opportunity for the professional to examine the interaction of the three domains and how they impact on the development of the child, this was often presented in non-analytical terms, merely using a summary of material described elsewhere in the assessment.

Social Worker 1 reiterated that a tick box approach to the assessment and a lack of emphasis on analysing information and 'linking things together' results from an absence within social work training on how to 'use' the *Assessment Framework* on a practical level:

*'I don't think there's enough focus on how to use it, and that comes into the training you know and even the post-qualifying stuff because it's not as simple as going health and education, it's about how is the health impacting on the education? And how is what parents are doing impacting on both of those and that's what we're not very good at doing ... analysis and linking things together isn't good enough'.*

She goes on to advocate that she would make training for social workers more practical and focused on how to assess, analyse situations and care plan:

*'Much more practical ... much more practical you know than just theory and social work theory, you know ... interesting, but you don't need to know it ... what you need is the tools to be able to go into a family, assess the situation, analyse it and make plans'.*

A concern with omissions in training also extended to the use of the supporting tools. When asked about the supporting 'tools' Team Manager 1 commented that '*most of them (newly qualified social workers) have never been trained in the tools*'. Further, when asked directly about the

home conditions assessment, Social Worker 5 commented, *'I haven't come across one'*.

In addition a holistic and analytical approach to assessment was viewed as hindered by statutory requirements to complete initial and core assessments within a specific time period, high caseloads and an abundance of paperwork. Professionals reiterated that the assessment was driven by these procedural and bureaucratic administrative demands. Social Worker 8 exemplifies this point and reiterates concerns in the academic literature (Carey, 2008; Parton, 2011) that these demands have adversely impacted on face-to-face and therapeutic work with families:

*'I feel as though there's not enough goes in early enough I still think people are allowed and families are allowed to drift ... I think a lot of the reasons for that is the pressure placed on social workers, massive caseloads so you struggle to get everything in, you don't have the time, a lot of our paperwork is done you know in our own time outside of office hours and we're not paid for that but it needs to be done. Visits, I think the type of work that you would like to do with your families you can't always do because of the time constraints where you would like to do maybe very focused work with your family around intervening at the right stages you can't always do that and it's more that you're monitoring the deterioration of the situation as opposed to going in there and affecting any positive changes'*

Professionals reflected on top-down pressure to complete assessments within the legal timescales, supporting Broadhurst et al.'s (2010) assertion that 'speed' practices have become normalised in social work practice. They discussed that deadlines offered no adaption for social workers who have limited time to engage with 'difficult' families, liaise with different agencies and professionals and write up the assessment:

*'If we're looking at timescales ... it doesn't take into account the time needed to engage that family, because some families are very difficult to engage for whatever reason. So you've got seven days which basically if you knocking on a door never opened and schools are closed or you can't get a hold of the health visitor, the clock is tick tick ticking, department going*

*you've got to do this by this time and have it written up and shared with the family and get their views ... it's not always possible to do that'*

Similarly, Social Worker 3 suggests that deadlines controlled at a managerial level do not equate well with the 'pace' of a neglectful parent who is not coping:

*'Some managers like deadlines for things to have been changed and I can't work like that because you are working at the pace of someone who is a bit inadequate at the moment and not coping. But however timescales of whether child protection that's clear to me. We need to be on a progressive road'.*

Social workers then are regulated through these performance timescales. Arguably an emphasis on auditing drives this regulation underpinned, as Munro (2004, p.1077) claims by financial reasoning: 'taxpayers have the right to know that their money is being spent economically, efficiently and effectively'. Performance data is collected on 'compliance' with timescales (Broadhurst et al., 2010) emphasising efficiency rather than assessment quality. Within this context Social Worker 8 argued that although legal guidelines were clear in terms of timescales for assessment completion, official guidance on how to conduct the assessment remains vague:

*'there's government guidelines to say that all children must have a core assessment ... there's no guidelines to say what the quality of that assessment has to be or the content and I think a lot of the time and it goes back to caseloads and pressures, boxes are filled for the sake of filling a box without giving a true reflection maybe of individual families' situations'.*

### **Wider regulation of assessment: ECM, CAF and Sure Start**

Through the preventative agenda and shift to whole system working Sure Start became part of the regulatory framework when intervening with neglectful families. Sure Start professionals discussed that the completion of the CAF was central to assessing families, allocating services and

referring information to social care. The *CAF* is underpinned by *ECM*'s emphasis on prevention and strengthening protection. Parton (2011) suggests that this notion of protection has reframed 'risk' in more positive ways through the encouragement of children's strengths and resilience as well as protection from harm. The *CAF* promotes 'better outcomes for children through the development of a culture of assessment, information sharing and earlier intervention' (Pithouse et al., 2009, p. 600). In the context of *ECM*'s reframing of risk the *CAF* becomes helpful to identify children who might not achieve the five outcomes without intervention or support (Parton, 2011). Sure Start professionals reflected on the importance of the completion of a *CAF* to assess families where there were concerns around neglect, for targeted Sure Start services. The *CAF* then was seen to provide a structure for early intervention or secondary prevention (Mesie, 2007) services. Sure Start Professional 8 reflected on the *CAF* when referring families to Sure Start:

*'Any other professional including ourselves put in a CAF form with all the information on detailing what services they feel the parent would benefit from or the parent can self-refer but they'd still need a CAF completed but they would come and do it with one of the family support workers, that's if they want a specific piece of work, so if they need family support for routines, boundaries for some particular reason they need a CAF'*

Although the existence of the *CAF*, in providing a framework for early intervention is intended to shift 'thresholds downwards' (Brandon et al., 2008), professionals reflected that due to resource constraints and current cuts the *CAF* was used to allocate services to those families perceived to be most 'needy' or at risk. This supports Garrett's (2005, p.534) assertion that increased use of ICTs (including the *eCAF*) is associated with 'saving' money and better 'targeting' of those in need. Due to current cuts, professionals reiterated that several groups which were previously universal were now 'targeted'. This outcome supports Broadhurst et al.'s (2010) finding that eligibility criteria is not just based on levels of concern but also resources and as a result threshold levels are not 'static'. Sure Start Manager 2 exemplifies this use of the *CAF*. She



provides an example of a health visitor who was asked to complete a CAF in order to refer a mother to a baby massage group. She implies that rather than offering a universal service, the group is accessed by those most in need. She reported that the health visitor expressed her annoyance on this request and as a consequence the family was not referred:

*'I had a referral yesterday where a health visitor said I'd like to refer this mum for baby massage, her child has got special needs and mum has previously had a still birth so I said we really need to have a CAF, so she said "a CAF for a baby massage?!" I said, "yes, because baby massage is a closed group", because I'm not able to offer it universally now because of staffing shortages the baby massage family are coming in on a CAF, this mam needs to promote attachment, so it has to. "I'm not sending it on a CAF ... I'll do the baby massage myself!" So we're struggling a bit, I think everyone is so short staffed now and CAFs can take a bit of time so we're saying external agencies must refer families via a CAF'*

Team Manager 1 and Team Manager 2 further reflected on the deleterious impact that current cuts to public services, particularly within Sure Start will have on the ability to respond effectively to child neglect, adversely impacting on early intervention and preventative approaches to neglect:

*'we've got a lot of cases which are child protection. And our resources tend to be child protection, it needs to be the other way round and they're just not there, especially in terms of the impending cuts, we've been told there are a lot of people going, people who do the CAF work, because CAF is also a great way to identify neglect, to assess neglect, we've got lots of people who are going who's job would have been writing CAF. Yeah, good advisers, staff going, lots of people in Sure Start have been told they're going to lose their jobs, so in terms of neglect, it's getting worse not better' (Team Manager 1)*

*'I would say erm ... currently in this climate we've got where cuts are apparent ... you know people on temporary contracts ... with Sure Start and different things like that, set in place to do the early intervention to meet the needs of the under 5 children. They had that provision there that the government brought in. That potentially is going to get cut. So they're looking at the early stuff ... if we can get in this family early we'll*

*prevent that down the line from the crisis stuff but if you don't have the resources or it's very, very limited and it's what is the most needy ... who is the most needy. That means that the threshold becomes higher' (Team Manager 2)*

Broadhurst et al. (2010) identify that online assessment forms create distance between the professional and service user, specifically through the standardisation of identities according to the assessment structure. The quality of the CAF assessment and extent to which actualities are incorporated influences whether the family is deemed to meet criteria to receive services. Sure Start Professional 8 suggests that the attendance of parents at panel meetings can lead to a more detailed understanding of their situation making a difference to the outcome of their allocation decision:

*'All the CAFs go to a request for services panel on a Wednesday morning and its multi-agency and they sit and the parent is invited and the referrer is invited to support the parent because we find you get more info, you can read a CAF and thinking I'm not giving them nursery they don't need nursery they've got this, this, the parent comes in and actually are telling you more stuff and you're thinking god yeah of course you can and they are getting a better service'*

The increased use of ICTs within social work practice with children and families is underpinned by 'joined up thinking' (Garrett, 2005, p.529). Professionals revealed that families were subject to increased surveillance or 'dataveillance' (Wrennell, 2010, p.310) through their documentation as cases on the ICS, used for sharing information between agencies and highlighting safeguarding concerns. Surveillance becomes in this sense lateral as well as from the top down, according to Foucault (1977, p.176) the functioning of surveillance 'is that of a network of relations from top to bottom, but also to a certain extent from bottom to top and laterally; this network 'holds' the whole together'. Sure Start Professional 8 comments on the usefulness of the ICS when assessing families and for highlighting safeguarding concerns. Access to this database results in surveillance increasing in response to 'flags of concern' (Garrett, 2005). Her comments that referrals 'pop up' implies

that she was previously unaware of these issues and suggests that parents themselves have not shared their difficulties with the Sure Start professional. The implication is also made that the parent remains unaware of the existence of their documented self, which is shared with multiple agencies through the ICS database and the resulting surveillance, which remains 'hidden':

*'Yes, well the referral process, if it comes from a social worker they complete a request for services form because they've already done a full assessment so we won't assess the family again so they would put that in'*

*'Obviously we are linked on ICS now which is the database used by social work teams as well, which is a huge help because you might be putting someone on who attends universal service and up pops up all these referrals, police notification for domestic violence and you're thinking that's quite interesting and it just makes you a little bit more aware'*

This has implications for the working in partnership anti-oppressive aim of social work, reinforcing an unequal power relationship between the professional and service user, particularly as the worker does not make it clear whether the parent has been informed of this information-sharing. As Garrett (2005, p.538) suggests 'it is unclear if a child or parent will even be told that a 'professional' has placed a 'flag of concern' ... this is a retrograde step in that seeking to work in 'partnership' with families has been a guiding professional principle for a number of years'. The developments of ICT have made this process more official, insidious, far-reaching and lasting.

### **Women's reflections on their 'written' identities and labelling as the neglectful mother**

Women reflected on their feelings of their 'written' identities within assessment documents and official reports. They often expressed feelings of powerlessness and being out of control of within this bureaucratic system. Mother 4 reflected on her experience of being written and spoken about as a 'risky' neglectful mother in reports 'for the

court'. The focus of the court report hints at issues around physical neglect, providing 'objective' and visible evidence:

*'X (social worker) had to do a report for the courts ... I remember the first thing when my mam got questioned it said in her statement things like 'in case X sets fire to the house'. Honest to god! I know exactly what I'm doing with that, especially when it comes to cigarettes, gas, things like that ... stupid things they were putting down like X (child) had a hole in her dress stupid things .... X (social worker) knew, she'd seen for herself, she could drop in on me at any time'.*

Whilst she raises the constant surveillance she is under, she did not absolve herself from responsibility:

*'Although like I say I did leave them with my next-door neighbour and I went to the shop and I left X (child) there, which was ... that was terrible actually that'*

For Mother 4, the assessment process underlined her already powerless position. She explained her apprehension of coping with the court hearing by herself. Her use of the phrase 'that place in itself' implies feelings of anxiety associated with the 'law courts': a place where judgements and decision-making will be made about her ability to parent:

*'I just thought, you know, I cannot do this by myself anymore, so that's why I never went to the last court hearing ... it was at the law courts and that place in itself!'*

Non-attendance did little to disrupt the narrative written about her parenting and the decision was made that her mother received residency of her child. Not attending the court hearing added to her existing 'risk' identity. The implications of not attending are highlighted in the following extract where the social worker is presented as exasperated by her decision not to attend:

*'But the social worker was like she used to go, like I never went to the last court thing and she phoned me up and said "why didn't you come!?" she was really ... really strict ... but she was always positive' (Mother 4)*

Mother 2 reflected that *'the (social worker) told a bunch of lies'* in court. She constructed a narrative of administrative outputs, including 'letters' not being sent and processes including core group meetings and court dates occurring without her involvement. She remains the object of knowledge and social work processes and is unable to contribute to official meetings and outcomes. She indicates that her feelings of dissatisfaction did not just stem from her positioning within the administrative and procedural system within which she is written and talked about, but that her documented self remains hidden and out of her control. This forms part of the bureaucratic performance of child neglect in social work practice:

*'I went to prison after I had my second son. My mam had to fight to get a residency order on my two sons because X (ex-partner) mam was trying to get them as well so while I was in prison there was a 3 day trial and social services never came up to see me or anything, never sorted out any contact with my children. When it went to court the social worker stood up and told a bunch of lies that she didn't even have any proof about just listened to everything that X (ex-partner) and his mam had to say, while it was standing up in trial she sort of, my barrister and my mam's barrister obviously because we had proof that they were lying and the things that they said weren't true, on the stand, got X (ex-partner) up really so my mam ended up getting a residency ... since I got out of prison they still never send us any letters, never tell us when the core group meetings are, they never tell us when court dates are, they just never involved us, it's always X (ex-partner's) mam and me and my mam always have to find out when everything is off our own backs. We have to phone up all the time'*

Mother 5 also contributes to this discourse:

*'she stopped my access to going to all these meetings. She wouldn't get back in contact with me when you've sent her messages on an answer machine for her or she never used to be in the office she wouldn't keep to her appointments. So that's why I've got a grudge against social services'*

These were complex discourses from women about the ways in which their written selves were presented in the assessments. In addition to her frustrations with hearing statements in court, Mother 4 empathises with

social workers, specifically their role in making decisions and assessing families:

*'It mustn't have been very pleasant for them (social worker).  
But she wrote some really good positive stuff for them'*

Mother 1 and Father 1 commented that in the past they were 'passed' from one social worker to the next. They suggested that this adversely affected their relationship with subsequent social workers, as they felt unable to 'get close' and 'speak ' their 'mind' in case a new social worker was allocated. There was also a frustration that they received contradictory 'statements' from different professionals:

*Father 1: 'last time, they kept changing the social workers'*

*Mother 1: 'I didn't like it, you were just getting used to one Social Worker and then you'd be passed onto another and they wouldn't tell you what to do'*

*Father 1: 'couldn't build that confidence up and speak your mind to them ... building our confidence with one Social Worker then never seeing them again. Didn't want to get close to that social worker in case they did the same thing. Told them we didn't want to get passed from pillar to post, statements from that one saying that, from another saying something else'*

Mothers discussed their views and feelings of being labelled a neglectful mother who is unable to self-govern and parent without 'risk'. Several mothers repeated that they felt like a 'bad mother' and that their confidence in their parenting ability had been adversely affected. This reiterates Farmer and Owen's (1998, p.549) findings that 'women felt they were blamed and that their moral fitness as parents was being judged'. Not only did women feel that they were being judged, but they themselves felt that their confidence as parents was being undermined by the assessment. Mother 2 repeated that *'it (social work involvement) knocked my confidence a lot'*. Similarly Mother 3 repeated that social workers made her feel like she *'wasn't doing her job properly'*. Further she explains that her *'confidence in parenting went down because I*

*thought I was being a bad mother*'. Mother 6 expressed her feelings of powerlessness invoked by social service involvement: *'it made me feel incapable of being a parent, it made me feel horrible .... Really horrible, I felt I couldn't do anything'*. Mother 4 suggests that being labelled a 'bad mother' instilled fears about the unknown outcome of social work involvement:

*'I think her way of helping was to try and get someone else to say what a bad mother I was. They didn't tell me that I was a bad mother, they didn't ... but it was ... I was just upset about it really ... I think I was shocked ... what's going to happen? Are they going to take the kids?'*

Further, Mother 6 indicated that the assessment and feelings of inadequacy as a parent resulting from professional involvement culminated in her depression worsening:

*'social service social worker that I had from X she put us down all the time every time. I used to go to meetings she used to put us down, that it was my fault that the kids were neglected, I wasn't looking after the kids very well ... Made me more depressed, putting me down like it was my fault'*

Through this discourse women emphasise then that they internalise the discourse of 'bad mothering' and the label of neglect through these written selves. Governance of parents occurs here without force but through parents re-producing and internalising feelings of being a bad mother. By implication this internalisation of feelings of inadequacy in terms of parenting encourages mothers to comply, change and to adopt 'normal' parenting practices.

## **A child-centred approach?**

### ***Developmentalism and attachment theory***

As previously discussed in Chapter seven, children were positioned in relation to developmental psychology. Knowledge of child development, from which professionals can identify whether children are meeting universal 'normal' developmental stages, was clearly an important method of assessing neglect. In assessments the neglected child was depicted as not meeting expected milestones and experiencing developmental 'delays'. As previously explored, this dominant discourse views children in a particular way, offering a supposed 'scientific' description through which children can be classified and through which their developmental progress can be measured. Holland (2011) argues that many children are viewed through the lens of developmental charts and as a result they are portrayed in relation to how they fit with a particular tool rather than using this as a means to analyse behaviour and experiences. Reiterating this finding, it was common within case files for reference to be made to developmental delays or meeting milestones without specificity about the nature of that delay or precision about how it had been measured:

*Young parents with 5 children under age of 8, all children have some level of developmental delay. X and X's level of delay greater than other children. Children have many hospital appointments and parents finding it difficult to cope. X is severely delayed educationally and parents are struggling to make decision regarding his education, both parents have learning difficulties (CIN 5)*

*Summary of child's developmental needs: X has met all of her develop milestones to date (Case 2)*

*Health visitor stated that X (child's) developmental milestones are advanced. She presents as a happy little girl, who appeared to be getting attention from adults. She observed good interaction between mother and child. The health visitor notes state that X (child) is due her MMR scan and she requires an up to date health assessment (Case 2)*



Within descriptions the developmental needs of the child were sometimes presented as generalised, standardised and lacking in individuality. In CIN 6 for example, the developmental needs described could be those of any child:

*X (child) presents as a happy and content little girl who is average in weight and height for her age. X (child) needs consistent routines put in place around her care needs. X (child) needs to have all her health needs met and mother and father need to make sure this happens. X (child) needs to live in a safe, clean, comfortable home. She also needs an adequate and nutritious diet, clean and tidy clothes and age appropriate routines and boundaries. X (child) needs to have positive relationships with all adults in her life, and both parents need to communicate effectively to ensure that X (child's) emotional wellbeing is met.*

Both 'delay' and 'need' then were addressed imprecisely, routinised and generalised. In most assessments some reference was made to the observation of attachment behaviour: the relationship between the child and mother, although there was wide variation between cases in terms of details of the observation. It was also common to include the health visitor's reflections on observing the mother and child together. However, it was more unusual for case files to include observations of children's relationships with for example friends, siblings and other relevant adults, which would provide a more holistic view of children's relationships. Holland (2011, p.108) suggests that observing children in this way would lead to a more 'rounded' view of children's internal working models. Team Manager 1 suggests that training for social workers around attachment theory and observation would improve assessments in cases of neglect:

*'Unfortunately a lot of social workers aren't trained in direct observations ... when I speak to people I ask, "where was the child, what were they doing? where was mam?" ... I think if we had more people who understood child observation we would get so much more information'*

It is increasingly recognised that an understanding of a child's developmental needs has to be understood within a social and ecological context. As Aldgate (2006, p.27) claims 'looking at mother-child or father-child relationships alone is not enough', 'a 'developmental-ecological' model is required. An ecological understanding, as explored is central to the holistic principle of the *Assessment Framework*. However, there was limited discussion of a child's developmental needs within a wider social context, with limited reference made to their experience of school and nursery and of living within a specific community, especially the impact for the child of living in marginalised socio-economic areas. However, there were some examples where social context had been considered. Case 5 provided more detail about the child's needs in a social context including 'negative' relationships with peers in the local community prior to 'being in placement' and latterly his enjoyment of outdoor hobbies and encouragement of friendship groups whilst in 'placement':

*Children have negative relationships with local children due to behaviour. Other children throw bricks at the house etc.*

*X (child) enjoys football and other outdoor activities. Since being in his placement, X (child) is taken to the moors and to the beach. X (child's) foster carer plays football with him and his sibling. X (child) is encouraged to have local friends and to visit them and for his friends to visit his foster placement (Case 5)*

By understanding the child's needs within a social context, opportunities for children to contribute positively to their own development can be identified. Linked to resilience theory, Aldgate (2006) suggests that children play a part in influencing their own development and recovery can depend on their interaction with ecological and social factors. In CIN 5 the child was described as increasing in confidence through attendance at an after school club. There is some suggestion that this will 'grow' following changes in class sizes at school:

*He is shy with strangers but he opens up when he develops some trust. However his confidence has grown since he has been going to the after school club and he will be receiving more support in school as the class size is a lot smaller. X*

*(child) will then be able to grow in confidence as the curriculum is more catered to his own abilities and not the wider curriculum.*

However, these examples were in the minority. Often when reference was made to a child's resilience it was without context or understanding of the phrase. For example in Case 2 the child is described in this way: '*X (child) presents as a resilient child who has adapted to her changing circumstances with relative ease*'. Again then, constructions of the child, in this instance the 'resilient child' are offered without clarity or precision.

### ***Children's views***

Children then are 'seen' in specific ways. Reiterating the 'seen' and 'observed' recommendations within the *Assessment Framework* (DoH, 2000, p.43), they were 'seen' through the dominance of child development discourse. The 'talking, doing and engaging' recommendations of the framework and the importance placed on engaging children in decision making in *Every Child Matters* (2003) were marginalised. Children are seen and observed and not engaged with. Social Worker 7 suggested that bureaucratic demands adversely affected her ability to gain children's views:

*'you're just told to do an assessment aren't you and how much of the children's views you get depends on the worker doing it and how much time you've got to do it ... when you've got lots and lots of cases ... you can't do what you want to do can you?'*

This supports Munro's (2010, para. 1.3) findings that the 'system that has become over-bureaucratized and focused on meeting targets, which reduce the capacity of social workers to spend time with children and young people and develop meaningful relationships with them, there is a risk that they will be deprived of the care and respect that they deserve'. In the majority of cases children's views and feelings on decisions made, particularly on the aims of plans or assessments, were omitted. Within four cases, in the 'views of the child' section of the assessment, it was

stated that the child is unable to comment or express wishes and views as they are 'too young':

*Child's Needs: X (child) is too young to be aware of his full identity.*

*Child/Young person: Unable to comment too young (Case 4)*

*Overall aim of plan – adoption. Eventual return to birth family, 'remaining in foster care pending the outcome of assessments as directed within proceedings'*

*Views of child: 'X (child) is too young to express a view in the context of understanding her circumstances' (Case 1)*

*Child/Young person comments: X (child) is too young to express his views and wishes (CIN 3)*

*Views of child/young person and parent/carer: X (child) is too young (CIN 6)*

There was no discussion of the communication methods employed to gain children's views within case files, including indirect or non-verbal approaches appropriate to different phases in the child's development, for example, the use of toys or drawings (Jones, 2003). When the child was considered old enough to express views and feelings, they were presented without any depth. For example, in Case 5 although it is stated in the assessment that the child is 'able to express his wishes and feelings clearly' they are not identified or elaborated on. Although it is reassuring that the child has the opportunity to discuss any worries with a 'trusted adult' at school, his 'worries, disappointments or irritations' are not included. When completing the 'views of the child' box these views were limited to just a sentence, indicating that child-centred practice can become part of the bureaucratic performance of assessment:

*Child's Needs: X (child) came across as a friendly, happy and confident young boy, who is able to express his wishes and feelings clearly. X (child) is reported to be able to make and keep friends of his own age, he appears to have a trusted adult at school to be able to discuss any potential worries, disappointments or irritations*

*Views of the child: X (child) has stated that he is happy in the care of his mother*

*Views of the child: X (child) is happy and settled in his placement (Case 5)*

In the case files there was little exploration of some of the key recommendations on gaining children's concerns and views in the assessment made by Dalzel and Sawyer (2007). These views become vital when assessing children's needs from a child-centred perspective. Recommendations that were most glaringly omitted were:

- How has the child defined the problems in their family and the effects that these problems are having on them?
- When sharing information, in what circumstances has this occurred and what do they want to happen? (Dalzel and Sawyer, 2007)

Despite the principle of 'child-focused' practice the assessment was centred on children being seen and observed rather than engaged with. There was little evidence of children being consulted about their views or their situation, with age often being used as an excuse. Creative practice, incorporating child-centred methods (for example, the use of drawing and other methods) in order to gain children's views was glaringly omitted. As a consequence of the bureaucratic performance children become objects of the assessment rather than active subjects. An assessment that does not include or consider children's views or wishes produces care plans and interventions in which the central position of the child falls from view.

### ***Children's assessed identities***

Several studies have identified that less attention is paid to describing children in comparison to parents in assessments. For example, in Thomas and Holland's (2009) study they discovered that parents were described in a 'lively' in-depth way making it possible to obtain 'vivid

images' of the adult whilst children remained minor characters. This study partly concurs with these findings. As previously discussed stark visual imagery and detailed description defined the physically neglected child. However, the files typically revealed less about children's identities. Parents, or as we have seen, mother's identities tended to be depicted in detail emphasising personal and individual characteristics, relationship and attachment history, whereas children's identities were described in much less depth. Although there was some expression of a child's personality and demeanour, including the use of terms friendly, happy, confident, content, curious, inquisitive and intelligent, descriptions were, reflecting Holland's (2011) observations, two-dimensional. These personality traits tended not to be supported by examples. These traits also incorporated vague and standardised descriptions about 'age appropriate' behaviour. For example:

*X (child) has been observed by X to be a charming, intelligent little girl with a nervous laugh (Case 2)*

*X (child) presents as a happy and content little girl who is average in weight and height for her age.*

*X (child) always presents as a content and curious little girl (CIN 6)*

*X (child) presents as a quiet and pleasant little boy who seems to be content in his home environment. He appears to be a relatively compliant child who does not demonstrate any behaviours which are perceived to be outside the normal range (CIN 3)*

*X (child) has always presented as appropriate for her age and gender. X continues to present as a stable, happy and 'busy' little girl. She is age appropriately inquisitive and confidently explores her environment ... appropriate stranger awareness has been observed (Case 1)*

Within the 'identity' section of the assessment children were described very briefly and in terms of their 'culture', ethnicity and relationships with family members. Again, vague developmental statements were also made, for example, in relation to children having 'age appropriate' behaviour. There was no mention of children's interests, hobbies, their

friendships, likes/dislikes that would provide a more holistic view of the child's identity. Identities encompassed fathers not knowing about their child, children not knowing about fathers and children knowing about their cultural heritage:

*Identity – 'X (mother) has stated that X was the result of a one night stand, she does not know who the father is and hence he is not part of X (child's) life (Case 2)*

*X (child) is socialised into the White/British culture. He has an understanding of his family members. X (child) feels like a valued and accepted member of his family and is encouraged to express his own views and opinions. X (child) is described as having low self-esteem (CIN 1)*

*X (child) is a white/British male who is being raised within his birth family. X is aware of significant people in his life, however is too young to have developed a true sense of identity  
Summary: X (child) has age appropriate identity  
Contact with his father X is arranged between the parents (CIN 3)*

Although, within most cases children's strengths and difficulties were presented, reiterating in part, the duty on social workers within the *Assessment Framework*, the 'weighting' tended to be on more deficit descriptions:

*X (child) has settled in his current placement and is establishing a positive relationship with his carers and their family members. X (child) has been described by his current carers as having a short attention span and is immature for his age*

*X (child) has been observed to imitate his mothers' behaviour around cleaning, there has been examples of when X (child) has made up stories and has lied about events that have not taken place, this is being managed sensitively by the carers and CE and SC (Case 4)*

Holland (2011, p.99) on addressing this deficit focus reflects that 'part of the issue with assessments in child welfare is that they are being conducted with a specific purpose and with an audience for the report in mind', specifically to justify decisions or outcomes of an assessment. This deficit focus is also part of the performance that creates 'bad'

mothers/parents. Within the following cases the language used to describe the child was overtly deficit:

*X (child) is more than capable of voicing her opinion and vocalising her needs and can be stubborn and opinionated at times. X (child) is always clean and tidy and is conscious about her appearance, she takes pride in herself and chooses her own clothes. X (child) has offended family members in the past over clothing due to what X (child) deems to be socially acceptable going grandparents belief.*

*X (child) can at times present as a very angry young lady. This anger is usually directed towards her parents or maternal Grandmother. X (child) has been cared for throughout her life between her parents and both sets of grandparents and as a result, has learned how to manipulate the situation to obtain her own way. X (child) is fully aware of the problems that her parents have with drugs throughout her life and has also been exposed to domestic violence, this has led to X (child) presenting much older than her years (CIN 2)*

Children's assessed identities lacked any real depth. Professional constructions of children's identities were two-dimensional and limited to vague, generalised and standardised statements about 'age appropriate' developmental behaviour and relationships, specifically with their mother. There was also less significance given to children's relationships to other significant people in their lives, for example, fathers, siblings and friends. These assessed identities and needs lacked individuality or any real holistic comprehension. Children's interests, hobbies and friendships, social and cultural context of their identities and experiences were sorely missing. Surely, the holistic emphasis of the *Assessment Framework* involves seeing and understanding children and their needs within social and environmental contexts. Often the identity described could be that of any child. Identities were also overtly deficit highlighting problems and difficulties: strengths were glaringly omitted.



## Chapter summary

- The chapter has explored the multiple constructions and discourses that were produced in relation to the assessment performance. The chapter emphasised the positive developments of the *Assessment Framework* for the assessment of child neglect, specifically the holistic, child-centred and needs-led principles. Professionals recognise these positives and feel the emphasis is important for their practice.
- Despite professional emphasis on the positive development of the *Assessment Framework* for the assessment of neglect, several problematic discourses were identified, including contested threshold levels into services. Professional debates around classifications of service users and neglect cases, included, for example, whether a case warranted Sure Start support or a referral to children's services or 'children in need' or 'child protection'. In a neo-liberalist context in which cuts are being made to child-care services, professionals revealed that the thresholds that would warrant support from children's services remained high. This resulted in families being referred several times before action was taken by Children's Services. Further, case file data revealed that sometimes cases were closed quickly by Children's Services following short-term work if threshold levels for neglect had not quite been reached. Professionals indicated that high thresholds meant that problems that neglectful families were experiencing continue or worsen before Children's Services services become involved, resulting in a reactionary response. Case file analysis revealed that neglect cases could follow a process of registration, relatively quick de-registration, when care was deemed just 'good enough' leading to a deterioration of circumstances and then further registration. Performing neglect as a legal category

becomes part of service rationing strategies. Perceptions of 'good enough' parenting or 'mothering' differed between social workers who were deemed to hold low standards and other professional groups, for example, health, police and education and newly qualified social workers who were viewed as adopting higher standards. The performance of 'good enough' mothering apparently met when families are de-registered conceals the reality that the selflessness inherent to the discourse is difficult to achieve. Women are expected to attain a level of 'good enough' in a climate of limited resources and an absence of improvement to socio-economic and personal circumstances.

- Professional constructions revealed that the assessment could become a 'bureaucratic' performance. This bureaucratic performance becomes a media for control and surveillance of both professionals and parents. Bureaucratic and managerial constraints to holistic, analytic assessments and therapeutic practice were identified. Suggestions were made that standardised assessment forms and online databases could result in the generalisation of service user experiences, specifically through 'fitting' identities to boxes on the assessment form. This could also lead to a 'breaking up' of thinking rather than encouraging analytical assessments and the reflection of individual subjectivities and circumstances. An absence within qualifying training programmes on how to 'use' the *Assessment Framework* and engage in analytical thinking was also identified as a contributory factor. Case files also revealed that 'weighting' tended to be towards 'child developmental needs' and 'parenting capacity' rather than the domains relating to social context and poverty within the 'family and environmental factors' dimension of the Assessment Triangle. Further, the 'analysis' section of the assessment was often presented as a summary and/or a copy and paste from other sections of the assessment rather than an analysis of the three dimensions. Holistic, analytical and quality

assessments were also viewed as hindered by timescales, high caseloads and an abundance of paperwork. Professionals had less time for face-to-face contact with families.

- Through the preventative agenda and shift to 'whole-system' thinking, Sure Start professionals were seen as providing a crucial role in the provision of early intervention for families experiencing neglect issues. The use of the *CAF* provided the framework in order to identify those families who would qualify for early intervention services. In the performance framework, the use of the *CAF* was increasingly used to 'efficiently' target those families considered to be the most 'needy' or at risk in the context of cuts to resources, both of staff and interventions. This performance was linked to rationing very limited resources. It was revealed that Sure Start staff and other professionals involved in safeguarding families and managing risk increasingly relied on ICTs as a 'communication format' (Rose, 2000, p.332) in addition to classifications of 'riskiness'. Specifically, the ICS was used to share information regarding risk and safeguarding concerns. This was used as a way of providing much needed scarce resources. Reiterating Garrett's (2005) concerns it was not made clear whether the parent was made aware of this sharing of information.
- In the assessment of neglect it has been demonstrated that the lived realities, particularly of women's experiences are omitted, focusing on knowledge which, as Rose (2000) elaborates, allows for threshold levels to be met. In relation to the bureaucratic performance, this chapter implied that women can feel helpless within a procedural and administrative system characterised through core group meetings, assessments and reports, case conferences and court dates. Further, as a consequence of social work involvement and documentation of their specific risk identities women can feel that they are being labelled a 'bad mother', losing

confidence in their parenting ability. Despite the principle of 'child focused' practice, methodology of assessment largely drew upon the child being seen and observed rather than engaged. The study revealed that children are also documented in specific ways through the assessment process. They are 'seen' through observation, which draws on knowledge of child development and attachment theory. This produces partial and seemingly 'objective' descriptions of children viewed according to whether they meet developmental 'norms'. This also indicates that child-centred practice can become simply part of the bureaucratic performance. Both 'delay' and 'need' were addressed imprecisely, routinised and generalised. The chapter revealed very little, if any examples of children being consulted about their views of their situation and its impact. Age of the child was used as an excuse here with creative and imaginative practice to illicit children's views seems acutely lacking.

## **Chapter 10: Interventions and responses to neglect: empowerment, normalisation and coercion**

### **Introduction**

This chapter explores how responses to child neglect operate. It has already been demonstrated that it is women who are labelled as the responsible neglectful mother through the construction of individualised and psychologised subjectivities. Further, it has been revealed that the neglected child is constructed through traditional discourses of childhood incorporating child development and psychoanalytic understandings. It is through such 'models of the person' on which strategies of governance depend (Rose, 2000). This chapter reveals how dominant subjectivities, of the neglectful mother, risky/absent father and neglected child become governable subjects. Specifically, it explores how 'needy' neglectful mothers unable to perform risk reduction, become subject to empowerment, a technology of self-governance in which personal power to takes control of one's life (Baistow, 1995) is central to responses, encompassing one-to-one work and empowerment through parenting programmes. The aim becomes for parents to accept responsibility for the neglect of their children and to achieve 'responsible autonomy and personal power' (Rose, 2000, p.334) through performing non-neglectful parenting. Mothers then are both responsible for neglect and for the effectiveness of empowering responses. Through this 'moral reformation' some parents were able, to become 'reattached' to a virtuous community (Rose, 2000), specifically through the more holistic aims of Sure Start. The chapter explores how empowerment responses result in both liberatory and regulatory (Baistow, 1995) outcomes. Drawing upon the classification of neglectful families according to threshold levels, the chapter describes how these classifications informed how professionals responded and the circumstances in which more coercive responses are enforced, specifically when mothers refused to accept responsibility and fail to perform 'good enough' mothering. It explores the consequences of

this overriding focus on the mother for children and fathers and offers a parental view on empowering solutions to their problems. Parents also offer alternative subjectivities, making recommendations for practice and giving voice to the complexity of their parenting narrative. The chapter concludes by suggesting that understanding, through giving voice to parents' subjectivities rather than blaming responses, would demand a need for more therapeutic and emotional support in addition to practical parenting intervention, together with a drive to address adverse socio-economic circumstances.

### **Empowerment**

The majority of professionals reflected that empowering and anti-oppressive approaches were central to their interactions and relationships with service users. They emphasised their commitment to active listening, working in partnership and treating service users with respect - of redressing the power imbalance between themselves and the service user. This appears to reiterate the anti-oppressive stance of seeking to recognise and 'reverse inequalitarian relations between the 'client and worker' (Dominelli, 2002a, p.8) of previous models of dependency. Specifically, the privileging of professional perspectives is rejected in favour of 'experiential knowledge' (Dominelli, 2002a, p.7) promoting client centredness, participation and partnership (Dalrymple and Burke, 1995). Sure Start 8 exemplifies this commitment, specifically through giving voice to parents' subjugated knowledge in terms of understanding families' 'backgrounds' through a non-judgemental and respectful approach:

*'Value wise I think yeah it is being non-judgemental and just I think it's understanding you know where these families have come from and taking the time to get to know them, understanding their background ... I think it's just being respectful. Yeah the house might be a tip but you're still going in and saying where would you like me to sit down, do you want me to take my shoes off ... it's being respectful to them and listening and understanding' (Sure Start Professional 8)*

Social Worker 6 and Social Worker 3 emphasised the importance of building relationships and trust with parents, rather than dictating concerns and demanding changes within parenting practices through an authoritarian approach:

*'rather than knocking on their door and saying we've got these concerns about you and you're not looking after your children properly. You're not going to get past the door ... but if you go in there with an open mind ... we understand, we've got these concerns, we'd like to listen to your version of events ... just show within the first five minutes of speaking to somebody that you haven't written them off' (Social Worker 6)*

*'it's about working with families ... for me it's about building that relationship and trust with the parents ... I don't agree with going in and pointing the finger saying "you need to wash this, to wash that". I would point out on my initial visit anything which was a safety issue or unhygienic which would be harmful to a child, but in general wouldn't really damn what they live in' (Social Worker 3)*

The needy neglectful mother, unable to perform self-governance, becomes a 'moral problem', through construction of the ways in which mothers 'conduct themselves and their existence' (Rose, 2011, p.334). Specifically moral judgements were made within this construction, which included women lacking in self-esteem; engaging in anti-social behaviour; their inappropriate 'choice' of partner and crucially an inability to self-manage non-neglectful parenting. It is within this context that empowerment approaches operate. Women then were constructed as disempowered and as a consequence became subject to empowerment as a technique of governance. Within professional reflections empowerment operated through 'moral regulation' (Gilbert, 2001, p.199) with a focus on parents accepting responsibility for the neglect of their children with the aim of achieving 'responsible autonomy and personal power' (Rose, 2000, p.334) through non-neglectful parenting and the performance of 'good enough' mothering. Social Worker 5 describes the strengths-based empowering approach that she adopts when working with parents, in which onus is placed on the individual. The parent's relation to power and taking control of one's life (Baistow, 1995) is central

within this example, as the social worker elaborates, the approach involves empowering 'parents and for them to realise that things can be changed and for the better'. Taking control is also linked to 'building' parent's self-esteem:

*'I think the way I would approach a family would be to kind of speak to them about, start on the positives obviously think other ways are being able to empower the parents and for them to realise that actually things can be changed and for the better instead of going in with a wagging finger and saying "this is wrong, this is wrong and you should do this". I think it's more about building up the parent's self-esteem first and saying right what can we do how can we do this and try and make them part of it instead of going in and saying "this is wrong, this is wrong, change this" without them understanding why'*

Professionals also emphasised empowering parents through the use of the solution-focused approach. Through this method families' strengths were recognised, as Social Worker 8 commented '*you look at the strengths of families, you focus on them and you build on these*'. Parents were positioned as taking control over their lives through self-identified goals and solutions, challenging expert-led approaches. Within this approach parents take responsibility for neglectful circumstances and the success of the intervention through acknowledging the need for change and identifying their own solutions. Social Worker 4 exemplifies this approach, suggesting that acknowledgement of the parent's reformation could be achieved through the use of scaling questions:

*'the best way to motivate a family is to do it themselves because if you go in and do it for them then you're doing nothing ... you try and get the families to come up with their own solutions rather than sort of to them really ...the first step is to get them to acknowledge the need for change ...I think by doing that you're more likely to have success because it's their ideas ... we looked at where they were then and how bad it was and how they are now ... for them to acknowledge and see how they've changed ... doing some simple scaling questions where they were and where they are now ... small steps'*  
(Social Worker 4)



Further, Team Manager 1 incorporated empowerment rhetoric when describing the approach she adopts when working with families:

*'They are parents they are in control ... they guide us, we work in partnership. You must work in partnership get them involved and get them to look for solutions'*

Although seemingly shunning previous expert-led and authoritarian approaches, the professional was still central to empowerment. Within the examples professionals were seen to be empowering *them*: 'drawing on the positives', getting 'them to acknowledge', 'make them part of it'. Further, professionals assessed which parents are neglectful and disempowered, requiring professional intervention in order to become non-neglectful self-reliant parents. This reiterates the centrality of empowerment to the social worker's identity, specifically its embedment within core values and ethical practice. The IASSW (2001), for example, incorporate empowerment in their definition of the social work profession, which: 'promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being'. Social Worker 4 suggested that at times it becomes difficult not to overstep the line within empowering practice: *'it's so easy to fall into the trap of doing things for them and I must admit I've probably been guilty of that'*.

### **Parenting programmes and 1:1 support: empowerment and normalisation**

It is through defining neglect that it becomes governable. It has been explored that through the classification of neglect demanded by legal discourse, professionals made judgements about families based on deviation from the 'norm', specifically of the mother's parenting. Defining neglect encompassed a focus on dirt and disorder, of both the home and child, upholding the mother as responsible. Although an absence of physical care needs dominated these constructions, emotional neglect also formed an important component. The neglectful mother, unable to

self-govern became subject to state intervention in order to 'normalise' her parenting. It follows that individual work and parenting groups, focused upon both the home and the individual characteristics of the mother. This reiterates Rose's (2000) suggestion that governing conduct increasingly encroaches on new 'spaces' of governance including the home as well as on the 'persons'. Emphasis was placed on the mother normalising the state of the home: making it safe, clean and ordered. Further the majority of programmes and individual support encouraged normalising parenting, or mothering through educating parents on the physical care needs (including feeding, clothing and cleaning), managing children's behaviour and to a lesser extent, the emotional needs of the child. Parenting groups and one-to-one support incorporated both empowering and normalisation techniques. Professionals indicated that one-to-one support (overwhelmingly with the mother) also focused on boundaries and routines. The performance of intervention was also gendered, relating to constructs of the 'good enough' mother previously discussed:

*'Some 1:1 work with mum, just trying to get her to get some basic cooking skills... I had a parent recently, she had no rules in this house ... I will say to them you're the parent here ... you're the one who has control at this point' (Sure Start Professional 7)*

*'I was asked to get involved to do boundaries and routines ... I did a huge piece of work around a daily planning of what you should be tidying and when' (Sure Start Professional 8)*

*'We managed to get some routines in place for the children around getting up, to get them to school and mealtimes' (Social Worker 4)*

*'We've done meal plans ... routines for children and housework so quite practical things really ... so you've got something on the fridge saying today you will clean the bathroom and Hoover the house' (Social Worker 3)*

Mother 7 performed empowerment, aspiring to the 'transformation' prescribed (Reich, 2005, p.177) by her social worker. She reflected that although she had pre-conceived ideas about social workers, her

experience was positive. The outcome was successful as a result of her ability to comply with social workers and attempts to normalise her parenting. She reflected that intervention encompassed a 'step by step' approach, and discussed the support she had received around improving the 'state' of her home. This centred around encouraging her to 'tidy' her house following a judgement that standards of tidiness were not good enough:

*'they helped with redecorating, they helped me through that and looking back and everything the state of the place and I'm thinking right change and it just helped a lot in general even the garden as well, saying it isn't tidy and just tidying the toys away and tidying up a bit ... Just tips on the home as well, making sure everything is clean and tidy before you go out and prioritise that as well'*

The emphasis on cleanliness and tidiness also extended to advice on how the children should be presented. In addition to providing advice 'on the home' she comments that professionals also *'helped me look after the children. They gave me advice on what to do'*. She repeated that this involved advice on her own and children's routines. She re-produces the discourse of the 'good mother' in her construction of her reformed 'performed' identity – as clean, tidy, ordered and routinised when caring for her children and home. This exists in relation to her former self, which she positioned as unclean, untidy and disorganised:

*Mother 7: 'Just tips on the home as well, make sure everything is clean and tidy before you go out and prioritise that as well make sure the children are clean and tidy ... She's helped me a lot with routines and you know when it's not suitable for the kids to get up and go to go to sleep and the house and you know try and get a timetable and sort through it and do things at certain times so I'm in a proper routine instead of doing it whenever wherever you keep at a routine, it keeps you motivated ... They used to be a nightmare sleeping, going to sleep at daft o'clock but eventually I got them into a proper routine and now they go to bed at half six. Which is good'*

*Beth: 'Great so what kind of things have you been doing that are different to help them get in that routine?'*

*Mother 7: 'like bathing just before bed, wind down time like an hour just before bed just to sit quietly read a book or something'*

The definition of neglect and practice focus legitimised interventions, specifically the preferred solution of 'basic' parenting programmes in which a focus on children's physical care needs tended to dominate, although addressing the emotional needs of children was emphasised as an important component. Programmes described included universal, standardised evidence-based programmes (for example, the Nurturing Programme) and groups that had been designed and developed by professionals. These groups were centred on the professional 'expert' providing parenting advice, guidance and skills in order to improve parenting capability. Emphasis was placed on educating and motivating parents to normalise parenting practices through 'learning' specific parenting skills and acquiring knowledge of 'good' parenting. Sure Start Professional 6 reflected on a basic parenting course, which was currently running at the centre where she worked. Although focus was placed on acquiring 'practical' parenting skills, she suggested that there were plans to extend the programme to incorporate addressing children's emotional development:

*'It takes things back to basics give them a bath ... things that might be common sense to some people but wouldn't be to other parents you know sterilising the bottle, "yeah I need to do that, I can't just wash it under a tap". So that's been one really popular one, X (colleague) has always got people waiting for it and I think health visitors are involved in that and it's going to be a longer course and they're getting it extended and they are going to look at emotional development as well not just the practical stuff which will be really good'*

More official standardised parenting programmes, emphasised a 'uniform' model of good parenting (Broadhurst, 2009). They included the Nurturing and Incredible Years Programme. Sure Start Professional 3 described the latter, which was currently being run through the centre:

*'The incredible years programme ... a 14 week parenting programme which is evidence based and it's really for any parent who wants support with managing the child's behaviour but it has a huge emphasis on building positive relationships'*

*between the parent and the child initially through play and then it works up looking at praise and positive reinforcement, consistency, routines and boundaries and then right at the end you look at behaviour management, time out'*

These more official programmes were identified as helping parents to understand children's needs:

*'We try and get neglectful parents to attend the nurturing programme as well from Sure Start and both mams are due to start that in January and that helps them to understand more about the children's needs and relationships' (Social Worker 3)*

Further, Sure Start Professional 7 described a parenting programme, which she had recently designed and implemented. Apparently promoting the empowerment model, emphasis is placed on encouraging the parent to acknowledge and take responsibility for parenting or neglect issues rather than the professional dictating 'acceptable standards'. However, this is achieved under the guise of the normalising technique. Through learning parents examined their own bad parenting practices requiring them to self-regulate and normalise: to become 'good parents'. For example, during one of the sessions parents complete a questionnaire on 'how clean your home is': parents accepted the need for change themselves through a focus on their own parental deficits. Mothers are required to self-motivate and adopt and perform 'normative' parenting practices: providing a clean and safe home, seeking medical attention when required, encouraging 'routines' and positive attachment relationships. Although the programme was upheld as voluntary and based on a redressing of power, it was based around the professionals *instructing* 'expert' advice, information and guidance (Broadhurst, 2009) in order to improve parenting capability. Regulatory undertones were revealed, specifically through the way the professional lays 'the guidelines down':

*'What play's about, laying the guidelines down about what's going to happen next and then they all have to go into the crèche with their child ... I'll say 'it's not a parent and toddler session' this is a session where you're not going to be sitting*

*having a chinwag with your mates this is about you spending time with your child together...Second session we do is a kitchen set up hazardous kitchen .... safety around the home, we also talk about cleanliness ... We do a questionnaire about cleanliness about how clean your home is so it's not me that's sort of saying to them 'this is an acceptable standards'... Safety group which provides safety equipment and the fire service come in so people can have smoke detectors in their home ... Third session is around routines in general ... daytime routines but it's also about night-time routine ... about raising awareness of what illnesses there can be ... getting parents to seek medical advice ... The final one is more about positive interaction, we call it together time, the importance of affection, the importance of positive interaction, talking to our children having cuddle time, stories' (Sure Start Professional 7)*

Programmes also relied on developmental psychology discourse. They were based on assumptions around dominant discourses of childhood, of 'norms' of children's development and attachments, specifically with their mother. Including aspects of Learning Theory and modelling, mothers were required to promote positive attachments through a controlled and structured approach. These 'learning opportunities' occurred within a controlled and time limited group context in which attachment behaviour was observed by an 'expert' professional. Sure Start Manager 2 discussed that the parenting group the centre runs, promotes positive attachments through the encouragement of activities between parent and child:

*'the children's group comes together with the parents and they do an activity together to promote ... it might be attachment ... and they ask the parents to do an activity with their children. Now we've clearly nicked that from X (parenting group) but it's in the X (parenting group), so we have adapted that and that's what we try to do, what works, what doesn't work, why has it not worked?'*

Similarly Sure Start Professional 3 reflects that the parenting programme she developed has similar aims:

*'It's showing the importance of the positive relationships and attachments without saying it in those words so we're looking at play, behaviour management but it quite non-threatening I think*

*... what we'd really like to see after they've done the four weeks is that they agree to do the fourteen week programme'*

Raising self-esteem was linked to the parent achieving responsibility. Sure Start Professional 6 reflected on the confidence-building effects of attendance on a parenting programme for a mother she was currently supporting. Through achieving higher self-esteem the mother was able to attend the group autonomously:

*'It builds their confidence no end. When X (mother) used to go to X (parent and baby group) she wouldn't go into the building ... she would want me to meet her outside but now she'll walk into the building by herself, into the room by herself ... She loved being in the room with the other mums and liked showing her baby off. It was lovely for her to be there by herself, she revelled in it so I think that was a massive confidence builder' (Sure Start Professional 6)*

In this example and within other professional reflections moral reformation through, as Baistow (1995) suggests, a reattachment to the community was an important goal of empowerment. Taking control and responsibility over one's life is linked to the 'new citizenry'. In the example provided by Sure Start Professional 4 the mother, previously isolated, is positioned as actively engaging and becoming reconnected with other 'normal' mothers in the community. Effects of empowerment were present within parents' constructions of their experiences of support and perceived personal changes. These constructions encompassed mothers' willingness to commit to self-change and responsibility, central to the constitution of the moral subject (Chambon, 1999). Mother 1 and Father 1 reflected that they valued groups in which parent and child attended together. Mother 1 commented that the group helped her child's development, including learning to share. She omits a discussion of whether the group has enabled her to improve her attachment to and relationship with her child:

*Mother 1: 'yes, play with toys, learning to grab the toys, share. What I do need help on. With him being the only boy he'll think he can get what he wants so sharing now he'll be much better when he's older'*

*Father 1: 'learning how to share in these groups, share toys'*

*Mother 1: 'he's developing really quickly'*

*Father 1: 'it's just nice for the bairn to see other babies as well'*

They went on to discuss that attendance on a basic parenting course had enabled them to 'learn' about specific hazards and safety. She repeated the course also enabled her to 'refresh' her current knowledge, particularly around bathing her baby, bottle-feeding and hazards. Her partner reflected that they were sometimes surprised at the information they were given at the groups, suggesting that acceptable parenting practices had changed and developed. The parents positioned themselves as being educated on 'normal' parenting practices and skills through instructions and 'expert' advice:

*Mother 1: 'you find out something new all the time, when I was pregnant with child X I went to the X (mother and baby group) at the centre. It's refreshing your mind, how to bath the baby, the temperatures, bottles and stuff like that, it was quite good actually, you found out something new all the time'*

*Father 1: 'making sure that you did know ... baby walkers are no good and how dangerous they are, all of the hazards'*

*Mother 1: 'It was really refreshing, you know, like new stuff'*

*Father 1: 'they told us stuff I was surprised at. You're not meant to use baby walkers now, all the hazards'*

Despite professional assurance that parenting programmes are centred on partnership and empowering ideals, the 'expert' professional still loomed large. Providing expert advice and guidance on parenting skills which was sometimes more explicitly regulatory, in order to improve parenting capability was the central task. Professional reflections on self-directed and 'official' parenting programmes imply that a standard of 'good' parenting can be learnt through a 'checklist' of specific parenting skills. A checklist of parenting skills to be learnt and acquired by the



neglectful parent implies a homogeneity and simplicity of 'good' parenting, ignoring the complex relationships and contexts that structure parenting (Broadhurst, 2009). This emphasis on standardisation, generalisation and efficiency (programmes being both time limited and responding to the most 'needy') forms part of the bureaucratic performance of child neglect in social work practice previously exemplified. As discussed, the complexity of context and relationships is particularly apparent within neglectful families. Further, the emphasis on parents taking responsibility for neglect issues through an apparent partnership approach is achieved under the guise of normalisation. Through a rather problem-saturated focus, parents are required to question their inadequate and neglectful parenting in order to self-regulate and normalise. Attachment 'learning opportunities' based on normalised views of children occur in controlled, structured and time-limited learning environments. This enforced and highly structured approach curtails one based on models of building trusting relationships, offering support and therapeutic interventions and previous approaches of informal and negotiated space (Broadhurst, 2009). It is also questionable whether parenting programmes impact on issues of child neglect. The aims seem to be disconnected to the writings about women within assessment documents and by professionals. The personality, relationship and intergenerational characteristics of neglectful mothers described in such vivid detail in assessments are overtly omitted from consideration within these programmes.

In addition to reflecting on specific parenting groups, mothers identified that they also attended more generic groups, for example art and craft groups. It was common for parents who had attended more generic groups to emphasise the importance of mutual support and sharing parenting experiences with other parents. This exists in stark contrast to expert-led focus of parenting programmes. Further to the enjoyment of making cushions, clothes and jumpers at a Sure Start craft group, Mother 7 elaborates that attending these groups can lead to mutual support and advice from other parents. These groups focused on 'traditional' women's

tasks including crafts, sewing and cooking and are linked to the general context of good enough mothering:

*Mother 7: 'I did a lot at X (support agency for teenage mothers) at first, that's where it all started and then after I picked up I started going to Sure Start a lot and did all their courses and now I do Craft class. We make different things like stockings for the kids, you know like Christmas things, now I'm making two teddies for them ... I made cushions there ... I want to do clothing next, I'd love to make my own clothes and knit little jumpers'*

*Beth: 'So what do you like about that group then?'*

*Mother 7: 'It's nice to be with people your age that know your situation because X who goes there is a lovely girl ... it's nice to talk to her about the same things and I can give her advice and she says stuff to me as well ... maybe we can benefit each other. And sometimes I find odd clothes around that don't fit X (child) so I just give them to her .... it's excellent for mums like me who are bored at home, who are sick of tidying up all of the time and want to get out for little bit ... I did a cooking course ... they taught us how to make smoothies, things made from scratch and it was lovely'*

### **Regulatory empowerment and normalisation**

Several statutory professionals suggested that face-to-face supportive work with neglectful families was usually carried out with Sure Start professionals who were considered less 'official'. The assumption was made that parents worked with Sure Start professionals as a result of the voluntary emphasis of Sure Start support. As a consequence Sure Start professionals were deemed to hold less power over parents:

*'(Sure Start workers can) sort of befriend them more than we are able to do ... and act like a bridge between us and them, giving them ideas that perhaps they are more likely to take from somebody, who is I suppose, less official' (Social Worker 7)*

*'Remember we've got no actual authority, we've got no power, people work with us because they choose to work with us' (Sure Start Manager 2)*

However, as previously explored social work operates through the co-existence of both caring and control (Chambon, 1999), often dominating service users whilst projecting a democratic face (Epstein, 1999). Although upholding a re-dressing of power and anti-oppressive working, this often concealed more dominating usage of empowering approaches within parenting programmes and Sure Start support more widely. Performances of empowerment as regulatory were revealed. It has previously been explored that through the preventative and early intervention agenda and shift to whole-system working, Sure Start became part of the regulatory framework when intervening with neglectful families. Some Sure Start professionals indicated that their interventions with families were, to some extent dictated by Children's Services. Sure Start Professional 7 suggests that the support they offer families who are referred by social services is 'requested'. Further the development and context of a parenting programme is a consequence of what has 'been asked for':

*"We haven't got any (basic parenting programmes), we've got this, this and this" (Sure Start Professional). "Right, well I just need basic stuff so I'll fill in a request for services form can you do a bit of supervision, can you do a bit of routines and you know can you do a bit of bonding" (Social Worker). It just makes sense to me, why am I going out and doing this with twelve different families when I can ... pull it together as a programme because that's what's been asked for" (Sure Start Professional 7)*

Sure Start Professional 3 discusses that parenting programmes are popular with Children's Services, particularly as they 'prove' attendance and a level of commitment and motivation. In this instance, surveillance can be seen to be acting laterally between Sure Start and social services, 'policing' service users through the sharing of information:

*'Parenting programmes are very popular with social care because there's a very clear outline of what's going to be discussed. We've got attendance to say whether they've come or not so it shows some level of commitment and motivation. The parent gets a certificate at the end we can feedback about how they were in the group, so I think in that sense it's helping*

*social care out a lot because it's doing a really big piece of work' (Sure Start Professional 3)*

Empowerment incorporates self-regulation and social regulation. As a consequence it is able to both liberate and more explicitly govern. Several professionals described the regulatory potential of parenting programmes, specifically when this intervention was enforced as part of a care plan. Under these circumstances parents were sometimes positioned as resisting professional efforts to normalise or self-regulate parenting practices and as a result intervening was viewed as futile. They failed to perform compliance. Team Manager 2 exemplifies this point:

*'If the parents don't think it's an issue then it's a complete waste of time going on that course really ... just don't want to know, they're only going on the course because they're forced to, you know, you hear a lot of people saying why are you on this course? Because social services told me I had to go on not because ... of the problem or because they want to learn something'*

Sure Start Professional 7 also commented on the often, involuntary attendance at parenting groups and the impact on effectiveness:

*'You might say it's intervention, but is it an intervention because they are just a bum on a seat?'*

Basitow (1995) claims that 'compulsory' empowerment, specifically for parents whose children are 'at risk' occurs in a 'quasi-legal' context. Professional assertions that enforced empowerment occurred when parenting programmes were incorporated into a quasi-legal care plan, supports this claim. In this context Sure Start Professional 3 suggested that a failure to attend parenting programmes 'reflected really badly' on the parent:

*'My big worry is parents can have their names down for this course and the person who's referred them doesn't know what it's about. The parent goes "I don't like this" and don't come back and then it's reflected really badly on them, especially if it's part of a child protection plan'.*

Although Mother 1 indicated that attending the parent and baby social group helped her to interact with her child and *'made us want to spend more time with the bairn'*. Father 1 expressed the outcome differently. He claims that agreeing to attend the group means *'showing that we are willing to work with them'*. This father 'performed' empowerment and compliance to the professionals working with his family:

*'Part of working with them, if they say jump high, how high. I'll jump through hoops this time ... showing that we are willing to work with them ... it's not about us it's the bairn, want to show the social workers we are thinking about the bairn, I'm not bothered about me it's the bairn. As long as he's happy I am ... we've got no choice but to work with them, not that we don't want to, we do, but it's putting that extra effort in'*

The coercive consequences of non-attendance and non-engagement will be explored within the proceeding section. Although professionals professed that empowerment models were preferred through a desire to overcome unequal power differentials, encouraging women's self-control and non-neglectful parenting, as a result of this emphasis women remained responsible when they were unable to perform risk reduction and self-governance. Adhering or failing to conform to the empowerment model (as part of a care plan) resulted in the parent receiving more or less resources. Co-operation and compliance with 'empowerment' was rewarded. Sure Start Professional 4 provided an example of 'reward': a parent gaining more contact time with their child following adherence to a child protection plan. This had to be negotiated with the social worker:

*'they were like we are doing what we ask for them and they aren't getting anything for it. I approached this with their social worker .... I said you know they are going to be given goals ... of you do this then you can have an extra hour contact ... they were given that extra hour' (Sure Start Professional 4)*

Sure Start Manager 2 reflections on this context were embedded within quasi-legal undertones, particularly through her discussion on the 'contracted' nature of intervention provision. Mothers received more resources through an understanding that they attended, a parent and

toddler group. The assurance of a nursery place, for example, is used to encourage compliance. This also parallels Foucault's (1977, p.180) assertion that discipline operates through the encouragement of the 'desire to be rewarded':

*'If it's socialisation, if it's a mum who's got postnatal depression isn't getting out, right what we will do is right we'll provide the nursery place on the understanding that we will set a time limit in two or three months' time you agree to consider coming along to a parent and toddler group where your child can socialise with other children outside the nursery setting, so we do that, that's like a contract' (Sure Start Manager 2)*

Mothers then, had to demonstrate that they were performing empowerment in order to receive these rewards and resources. Normalisation programmes, designed to regulate mothers to meet parental 'norms' were used for contact, more coercive and direct regulation when parents were deemed 'high risk' and unable to regulate. Sure Start Professional 6 reflects that universal programmes are sometimes attended during 'contact' between parents and their children. Direct surveillance of service users by social workers becomes possible, whilst also extending to a surveillance of others parents attending the group:

*'they did come along with quite smart clothes with their ID badge on and it was very intimidating for the other parents because you know they're not stupid ... they were all aware of what was going on and a couple of mums said to me "what's she there for, is she watching us?" so I'm "no she's not watching you" (Sure Start Professional 6)*

However, Father 1 considered contact at Sure Start to be less intrusive in comparison to the surveillance experienced during contact at the local authority:

*'it's better than the social service office from my point of view, sitting in those four walls with all eyes on you. When you're here there's loads of you so you just get on with it' (Father 1)*

### ***Cooperation and partnership?***

The mothers' inability to perform empowerment did not result from unwillingness, indicating that several factors adversely affected their ability to comply with Children's Services. Sometimes mothers indicated that they had wished to cooperate with professional support but that at the time it was offered personal and/or other issues were viewed as overriding their ability to uptake services. Emphasising the importance of early intervention, parents indicated that it would have been beneficial if support had been offered at an earlier stage before problems had escalated. Further, as previously explored, women often felt judged and blamed as 'bad mothers' as a result of involvement from Children's Services. As a consequence women felt less inclined to collaborate with professional offers of help. Given that their confidence in their parenting ability had already been adversely affected by the assessment process, it is unlikely that the 'parent programme' model with emphasis on reflecting on problematic parenting and professionals as 'experts' would dispel these feelings of being judged. Mother 2's feelings on the deterioration of her situation following what she felt to be an unjust decision to continue to register her children on the child protection register were outlined in the previous chapter. She reflects on attempts to engage with Sure Start:

*'I went to Sure Start in first six months I had X (child) ... I went a couple of times, I had been referred when I went to my mams but sometimes I didn't turn up at that stage ... it was to get him weighed obviously every other week and baby massage ... I did sign up the water sports and stuff for them, but I didn't end up ... when they came up I didn't end up taking them because there was a lot of other things going on ... before I went to prison I took X (child) and me to a Christmas party and he loved it!'*

## **Monitoring and coercion**

Constraints on professional ability to conduct face-to-face support have already been explored. Analysis of interview and case file data revealed that 'monitoring' families was viewed as an intervention. This performance of 'monitoring' is part of rationing strategies within a neo-liberalist context, in which social workers have to respond to complex issues with very limited resources. Reiterating the analysis on definitions of neglect, it was the physical care of the child and state of the home that were monitored by professionals. Social Worker 1 suggests that 'health issues' and attendance at health appointments could be monitored and documented. Health professionals on behalf of social workers carried out surveillance of families:

*'I think if there's again close working and joint up working with health that we can certainly keep close observations and close concern around that you know and close monitoring of that so that if you are addressing maybe a health issue of say asthma, that isn't being addressed then the health visitor or school nurse can certainly monitor that and we can monitor GP attendance and things like that so that can be clearly documented also' (Social Worker 1)*

Monitoring could also occur simultaneously to more direct work with families. In Case 2 direct support, conducted by a nursery nurse also became an opportunity to monitor home conditions:

*It is hoped that the nursery nurse will be able to provide appropriate help and support for the family. This will also be a form of monitoring the home situation (Case 2)*

Monitoring was presented in case files as a form of intervention with the phrase frequently incorporated into care plans:

*X (mother) is heavily supported almost on a monitoring basis then she does not have the capability to respond to the children's needs or her own (Case 2)*



Attendance at nursery was also an opportunity to monitor families as well as providing a support to mother. Mother 7 identified that a nursery place for her child had enabled her to improve her parenting:

*'Yeah I got the nursery places and X (Family Support Worker) helped to get X (child) a place. Its just been such a great help because having him just away for the two afternoons, it gives me a little bit of a break from having him 24/7 because he's quite a difficult child he's quite bad tempered, he's very stroppy! But just being away for the two days it's a massive difference I can just relax and when they come back you feel refreshed and you want to hear about their day and just enjoy it'*

In care plans monitoring parents' ability to improve incorporated stating and ordering what parents *had* to do in order to cease social work involvement in their lives. This contradicts the emphasis on redressing power imbalances within anti-oppressive and empowering approaches. Case 1 exemplifies this point:

*Parents will give the home visitor access to the family home ...  
parents will ensure that standards of hygiene and cleanliness  
within the home are such that there are no risks to the children  
...the garden will be clear*

Mothers themselves experienced professional interventions as coercive, controlling and unsupportive. Mother 6 reiterated that professionals dictated what she '*had to do*' including overcoming drug misuse, finding employment and accommodation. These requirements also included attending 'stupid' meetings and were coupled with an absence of any direct support from professionals. She also suggests that she would have benefitted from longer-term support following her ability to meet the requests of professionals, critiquing the social worker's short-term involvement:

*Mother 6: 'Since I've been off drugs for a year ... and I've been working now and they seem to think everything is all right and it's wrong. Do you know what I mean? And I've got a house now and the final suggestion was as soon as I got a house ... how do they get away with doing that? It's wrong if they get so involved do you know what I mean? To walk away so fast ... Just really annoyed us. I don't get on with them at all. They*

*keep dictating to me what I had to do in my life and that really, really annoyed us'*

*Beth: 'So did they offer you any support?'*

*Mother 6: 'That's the thing. No they didn't. At the time they didn't no, they just kept having these stupid meetings every month and they weren't getting any further forward ... I actually got the doctor taking me urine samples every week just to satisfy them so they knew I wasn't taking drugs, but they just really annoyed us ... they have done nothing for me, nothing, just these stupid meetings that I have to go to'*

Similarly Mother 3 reiterated that although she recognised that the child's needs should take priority, she was offered no support:

*'What about the parent? I remember distinctly thinking that so much, what help is there for me. Yes the child should come first always but will somebody please help me!'*

Mother 4 repeated several times that the outcome of social work involvement might have been different if she had received appropriate support, particularly to help her to address alcohol misuse:

*'All it would have took was if I'd had support from somebody, that's it all it would of, if I'd just had that, like maybe to get us treatment ... I've been going to AA recently ... X (friend from hostel) was going to AA ... all she said was ... "I'm going to an AA meeting do you want to come with us?" I said, "yeah go on then" and that was it, honest to god and all the staff were "how did you get her to go?!" And she was just "I just asked her" ... I'm starting to do a twelve week thing and I'm so happy I thought my life was going to be miserable. I thought I didn't used to drink every day so what was I thinking about, do you know what I mean, it's that thing where, I think a lot of it was maybe if I'd had that support'*

Given the nature of the social work role, encompassing caring, treating and protecting (Epstein, 1999), achieving the service user/professional relationship inherent within empowering models was clearly not always possible. Several professionals agreed that on occasion an authoritarian, coercive approach was required. Social Worker 3 elaborated that *'you can go in and get things achieved by an authoritarian and sometimes in child protection that's needed'*. Interview and case file data revealed that

more overt coercion was adopted in three different circumstances. First, there was a sense that professionals assessed and judged which families could be governed through direct and authoritarian responses and which could be managed through empowerment. Team Manager 2 reiterates this point, describing the 'ebb and flow' between 'nurturing' and more 'punitive' responses:

*'Some families work very well with a direct approach others you have to be a bit more softly softly, sort of that sort of thing, again that's about a practitioner's judgement on what works with this family what can be done with this family so, sometimes it's an amalgamation of lots of different theories and practices, you use them all at once almost, an ebb and flow between things, you're the support, the nurturer sometimes the punitive finger wagger'*

This imbalance in power was particularly evident through an alternative discourse which professionals constructed. This discourse centred on a more direct authoritarian approach, closely linked to 'monitoring', echoing Wrennall's (2010, p.306) suggestion that 'Child Protection is far more punitive than envisaged by Donzelot'. Surveillance operates under the 'threat of child removal and the promise that removed children may be returned, are used to demand compliance from families to the varied agendas imposed by the state' (Wrennall, p.306). It also operated through the threat of invoking child protection procedures. These ultimatums were used to enforce compliance with prescribed empowerment. Team Manager 2 elaborates:

*'you're not doing any of the worksheets ... she's not looking after herself ... not seeking medical support, not taking her anti-depressants regularly ... she's saying "yes, yes, yes, I understand that". She's been advised of the consequences of invoking child protection procedures'*

Mother 6 also exemplified this point:

*'They were going to take me to court if I didn't get my life turned round and I thought there's that many people out there in this world that you should be hassling instead of me do you know what I mean?'*

More coercive responses were adopted, when following an initial visit to a family the state of the home was considered a major concern. In these cases, considered high risk, changes had to be made quickly: within 24 hours or 'over the weekend'. In these instances the threatening sanction of removing children was adopted to enforce parental co-operation with professional orders:

*'sometimes you can go out to people's houses and think I can't leave these children in this condition or say to someone you've got 24 hours to tidy this house up if you want the children to stay here and after that monitoring very carefully. I've had cases like that where I've had to go out and say I'm going to come out this time tomorrow and I want the house to be in a better condition' (Social Worker 7)*

More overt coercion also occurred when attempts at empowering and normalising parents had failed and as a consequence, women were unable to perform 'self-governance' and reduce risk. Within case files, non-engagement with professionals and failing to uptake offers of services included within care plans, including Sure Start parenting groups, provided evidence of increased risk. This contrasts with parents who were deemed less risky as a consequence of co-operating with professionals and interventions:

*X (mother) was offered support via a nursery place, but would not accept this service (Case 4)*

*home visitor has been involved since X and had difficulty engaging ... two successful home visits made – home conditions fluctuate but acceptable ... X (mother) has failed to attend nurturing programme and failed to engage with home visit (Case 1)*

*Parents have not engaged with Sure Start initiatives. The Sure Start visitor has not gained access to the family home ... health professionals have not had the opportunity to view the home conditions (CIN 4)*

*a referral to Sure Start home visitors could be considered to enable X (mother) to receive additional support around the care of X (child). X (mother) has the past refused to engage with services (Case 2)*

In Case 1 the children were taken into care as a result of the mothers lack of engagement and cooperation with professionals and non-compliance with the care plan. She had failed to prove that she was able to manage her children or perform self-reliance:

*Police removed children under protection order ... not kept food diary, not taking X (child) to nursery, breaching tenancy agreement, lack of engagement ... children presented as dirty (appeared neglected) (Case 1)*

### **Responding to poverty**

An overriding emphasis on acquiring parenting skills and knowledge, excludes a consideration of other needs that parents may have (Broadhurst, 2009). For example, neglectful families may be struggling to parent effectively whilst living on low incomes or in poor housing. Arguably, empowerment approaches or individualised agendas can also be seen to reinforce personal failings rather than economic realities (Henman and Adler, 2003). A sole focus on this form of support draws attention away from governmental responsibilities through the provision of an adequate and fair welfare system. A focus solely on individual change redirects 'attention away from state management of the unemployed to community-based solutions' (Henman and Adler, 2003, p.145) There is a need for both social and economic empowerment (Reich, 2005). Professionals tended to reflect on individualistic interventions, admitting that they were often powerless in addressing the more radical aspects of anti-oppressive practice: engaging in dialogue with service users in order to challenge inequality (Shardlow, 2002) at political, social and economic levels. As explored several professionals commented on their inability to affect change at social levels, citing the challenges of social exclusion and poverty. Given the inextricable link between child neglect and poverty, it becomes questionable whether neglect can be responded to effectively in the absence of major structural and economic changes. However, despite the obvious challenges, professionals reflected on their

limited attempts to address poverty and social exclusion through financial and 'life' courses intended to improve budgeting and employability. Further, professionals supported parents by securing loans for furniture and items for their children:

*'He's done an IT course, he's doing literacy now to hopefully get him into work to hopefully stop the cycle of poverty' (Sure Start Professional 8)*

*'We offer skills for life courses, we've got quite a lot of families, more than you might think who've got difficulties reading and writing so we work quite closely with job centre plus ... they (family currently supported at the centre) applied for funding and got new bedroom furniture' (Sure Start Manager 2)*

*'Budgeting ... we've got an excellent service especially for under 25's who will work on debts. Over 25's go to citizen advice' (Social Worker 3)*

*'They needed a buggy for the baby and storage units for all their clothes so I put in a house grant for them' (Sure Start Professional 6)*

However, gaining funds or financial assistance from professionals was viewed as an emergency measure and was constructed as evidence of the mother's inability to budget and absence of self-reliance rather than the product of adverse socio-economic conditions. In Case 3 the mother is provided with 'bedding' and 'money for food' as a result of the mother's 'poor budgeting':

*Bedding has been provided by Sure Start ... Money has been given for food ... Concerns of poor budgeting, parents running out of money mid week and relying on workers to provide food and nappies. Home visitor has not yet been introduced due to parent's recent avoidance. X (mother) would benefit from support to budget her finances (Case 3)*

Several parents discussed that they really valued professionals secured loans for furniture and items for their children. As Mother 1 elaborates:

*'She normally comes out to help and stuff, see what help we need. If we need anything for the baby she'll get it for us. Furniture for the flat ... helped us with that as well'*

## **Parents' transformative recommendations**

Mother 3 and 4 made similar recommendations for social work practice. Both repeated that support and advice available at the 'end of the phone' would have been helpful. In contrast to the more 'coercive' social work practices discussed emphasis was placed on a 'drop-in' facility where parents contacted professionals if they required support rather than being 'told' to attend appointments and meetings. Mother 3 emphasised that this type of support would have enabled her to gain help in between home visits. Through this subjectivity mothers construct an image of themselves actively involved and in control of their own needs and decisions regarding required support and intervention. This contrasts with professional-led decision-making and care plans:

*'I can actually remember thinking I wish someone was at the end of the phone sometimes, someone to talk to more. If there had been more of that type of contact I think that would have helped a hell of a lot more ... like a helpdesk helpline ... that was great having people come to see us but in between the weekly visits or however long they were, that would have been great ... if I could just ring somebody and say you know, to get me through some stressful situations in between the home visits. When things are at their worst a week was a long time, you need somebody to chat to...'*

All parents placed value on being able to form a trusting relationship with their Social Worker and/or Sure Start professional. They emphasised that a 'good' professional was someone who they could talk to, who understood their 'feelings' and made an effort to visit them in their homes and provided appropriate face-to-face support:

*'The old social worker just let us get on with it and when we were going wrong she wouldn't say ... this one is keeping us on track... can really talk to her' (Father 1)*

*'Normally she (Sure Start Professional) comes out to help and stuff, see what we need' (Mother 1)*

*'I trust her, I can see she is there to help ... I think that's important ... if you feel listened to' (Mother 7)*

In particular, some parents made a comparison between the support they received from professionals through the hostel where they were living and statutory involvement. They emphasised the positive qualities of a 'good' professional was inherent within the support gained through the hostel:

*'I used to have meetings with my keyworker. She used to be able to tell if I was feeling down and she'd say, "come on then, we'll go and have a talk". That was great ... social services they were like "you're a mother, you're just going to have to get on with it, you've got other responsibilities in your life" ... in here they were more in touch with how you were feeling.... It's more involved here ... I can speak to any of the staff in here, them (social workers), I couldn't (Mother 6)*

Through the performance of good enough mothering in which women feel blamed and judged mothers become reluctant to talk to social workers, who are theoretically there for them. Mother 4 indicated that a re-dressing of power was required. She suggested that parenting groups should be run by parents themselves, offering mutual support. This contrasts with professional-led agendas:

*'Changing their (social worker's) name for a start, I think that really annoys people ... I think that might help ... a group sort of where people run it themselves do you know what I mean? Maybe it's different people's experiences you know, this worked and that worked, this didn't work for me' (Mother 4)*

In contrast to Mother 7 indicated that sometimes she would prefer guidance to be more direct, clear and professional led:

*'Maybe getting parents in to do different things you know days for the children or even like a bullet point of what to do with them because some parents think what can I do with the children? And sometimes you can get stuck and you think what can I do'*

Several parents indicated that support should be provided before situations became neglectful. Mother 6 was in agreement with professionals that early intervention is required. She emphasised that if



support had been offered when she was first experiencing difficulties, at the 'right time' the outcome would have been different:

*'Earlier yeah definitely, because if anyone had seen what I was going through at the time they should have intervened they shouldn't have waited two month down the road and then intervened. Maybe if they'd intervened at the right time it would have been totally different'*

Mother 7 made specific, clear recommendations in relation to Sure Start support that parents should be consulted and given the opportunity to make suggestions regarding group type and content:

*'Go out to the public and ask them what would you like to do. And then write down ... Even have an open day what would you like to do and the parents could come in ... there's a few courses there and people have joined but then half of them have dropped out ... it's a waste of the tutor's time and the crèche and it's all been paid for by the government but it's a waste of that funding so instead of wasting it do a survey. I'm thinking I could have done that ... It's like the craft group I go to, there's only me and this other girl that goes every week and that's it and I'm like it's a bit of time wasting for her'*

In contrast, parents Father 1 and Mother 1 indicated that there were waiting lists for certain groups:

*Father 1: 'got us in all these groups, the centre, this one, trying to get us into more but it takes time'*

*Mother 1: 'there's a waiting list'*

Within this study mothers were given the opportunity to express the stressors and pressures associated with caring for children in often severely adverse socio-economic and personal circumstances. Through becoming subjects of the research they also expressed feelings of enjoyment of being a mother:

*'My first son I had him up to being 6 months by myself and I did everything X (ex) didn't help me with anything obviously I wasn't used to having a child, I loved it but I was exhausted! I loved it really, being a parent, I've never been one to say I want*

*kids, I've never been one to say that but when I did find out I was pregnant I was really happy and dead excited ... but all I want is to get my own house, get my children back and start being a mam because I know I can, it frustrating because me and my mam do have quite a rocky relationship so it's quite hard ... I just I know what I've got to do to get them back and sometimes its hard because I get so far and something will happen and I feel like it kicks me back down' (Mother 2)*

*'The best positive change was when I kicked him out, the happiest times were just me and my son on our own' (Mother 3)*

*'I don't really find anything difficult to be truthful with you ... you know they are hard work, girls are hard work anyway but I like doing things with the bairns ... I get really involved with the bairn you know, really, really involved. I like being a mam' (Mother 6)*

*'Things I enjoyed going out with me kids going out to the parks and walks and going to beaches. I like to be out with the kids outdoors and things playing football and things' (Mother 5)*

The complexity of parents' subjectivities, incorporating enjoyment and love as well as stressors is often not heard within a child protection context that blames and pathologises women. Allowing this narrative to be heard through 'dialogue, reflection and action' (Davies et al., 2007, p.29) may 'give rise to a deeper appreciation of the conditions that shape mothering practices and allow social workers a more accurate evaluation of a given child's situation in professional judgements' (Davies et al., 2007, p.28). This also affords social workers with an opportunity to work on solutions and strengths – building capacity and love rather than focusing only on deficits.

### **Direct support for children**

Direct support for neglected children remained vague and generalised. Therapeutic support for children was a glaring omission. This is particularly worrying given evidence that neglect has a deleterious impact on children in both the short and long-term and professional reflections on the intergenerational nature of neglect. Supportive interventions were sometimes only considered if the neglect concern or child's presentation

was viewed as having deteriorated or as not improving following a period of monitoring. In Case 4, for example, the child was observed in his placement to be *'imitating his mothers' behaviour around cleaning'* and to have *'made up stories and ... lied about events'*. Despite this concern, no real intervention was offered, with the suggestion made that the behaviour is *'being managed sensitively'* and *'to be monitored and if required appropriate support services will be requested'*. This highlights that social workers are constrained by inefficient resources. This social worker is tied to requesting resources when the situation has worsened rather than being able offer early intervention and/or preventative support. Social workers' intervention strategies, especially with regard to children are 'pragmatic' rather than 'therapeutic'. For example, focus is on parents tidying up the state of the house in order to impact on child's functioning. Whilst this might be true, it subjugates the emotional impact of neglect. If neglect is 'failure of a parenting relationship', a transgression of care, then what is being offered to first, help children make sense of their experience and its impact on them and second, assist relationship rebuilding?

### **Fathers and interventions**

The gendered performance of interventions in cases of child neglect had consequences for the father as well as the child. Men were not constructed as disempowered or as a moral problem in need of empowerment in the way that women were. Considering the hegemonic gendered discourses that were re-produced within professional discourse this is not surprising. As a consequence they were excluded from the performance of empowerment that was prescribed to mothers. In contrast to mothers' experiences of professional involvement and of regulatory and coercive empowerment, father involvement, particularly attendance on parenting programmes was viewed as voluntary. Fathers were easily excused from groups on the grounds of feeling uncomfortable. Although there were indications that father involvement was increasingly

encouraged through the employment of 'father's workers' and the introduction of 'fathers' groups' this largely remained tokenistic. Fathers were not viewed as equal parents with mothers, sharing responsibility for children and parenting. Groups remained largely 'fun' groups and existed in stark contrast to more 'official' parenting groups which mothers were deemed to attend as part of regulatory empowerment often enforced as a part of a care plan. Emphasis within fathers' groups was not usually placed explicitly on fathers changing their parenting behaviours. Social Worker 4 reflected that although parenting groups tended to be 'tailored' to women, effort was increasingly placed on involving fathers, particularly through Sure Start:

*'I suppose you would probably say they were more tailored to mothers however I believe Sure Start have tried to turn that around in involving dads, they've got dads groups so yeah we do try to encourage both parents but I think Sure Start have been brilliant in what they've introduced for dads'*

Sure Start Professional 6 reflects on a father being 'excused' from a parenting group he was attending to a group he felt 'more comfortable' in:

*'it's all girls they're all very loud and boisterous and I think X (father) was just 'it's not for me' ... but then he goes to a group at baby social at ... which he loves it's a bit of a smaller group its quieter, X (father) goes there so him and X get on really well now and I just think he feels a bit more comfortable which is fine, I'm not going to make them go to groups they don't feel comfortable in'*

Further, she indicates that fathers were not actively encouraged to continue to attend groups in which they felt 'outnumbered' by women. Ways in which practice might be changed to be inclusive of both fathers and mothers is addressed in the conclusion. Support for men remained separate, an afterthought captured through specific 'dads' workers' and support groups. There was also little exploration of what this support would entail and whether it would address, for example, parenting practices in the same way as groups for women:

*'I think it's going to be really helpful having our dads' worker here now, they've started which is fab. X and X (parents she is*

*currently supporting) have both said in the past they want to do things with dads and where are all the dads, I feel outnumbered which is fair enough because they totally are outnumbered and fair enough coming to groups full of cackling women and oh my god they can be a bit forward sometimes! As well there's going to be a dads support group which will be perfect for them'*

Sure Start Professional 6 also welcomed the introduction of a 'dad's worker':

*'She's been in post about a month so she's really trying to capture all of the dads, because I think they do get pushed to the side a bit and I think a lot of focus is on the mum and what can mum do with the baby and it's all women you hardly get any men and I think they would really appreciate a bit of focus on them, because you know 'it's my baby too, I do just as much as mum'*

Similarly Sure Start Manager 2 contributes to this discourse through her suggestion that fathers prefer more 'structured' groups. Fathers were also consulted on the type of group they would prefer. Significantly this is omitted from comments made in relation to engaging women in groups:

*'we did our own consultation with dads to see would they come along to a group and what would they want from that group and what they said was the structure, we'll not come along to a group where we are just going to drink coffee and watch the kids play not that we do hot drinks but ... they would come along to a structured event'*

Significantly the groups that fathers engaged with tended to be for 'fun' rather than addressing the parenting skills and positive parent and child attachments discussed in the interventions and groups where the focus was on the mother. Despite efforts to consult with fathers, attendance was still low:

*'The next one we did something with the allotment at the front and only three dads turned up then and mind it was a rotten day and then the next one, because we do them monthly on a Saturday, the next one nobody turned up' (Sure Start Manager 2)*

Similarly Sure Start Professional 5 reflected that despite the introduction of fathers groups, engagement still proved challenging:

*'We've done loads of work to get fathers, trying to get a father's group and dads group set up, we've done loads of PA and trying to open different hours, we've brought things in but it's quite difficult to engage dads'*

Despite this, Father 1 constructed a discourse of parents supporting one another within a father's group he attended through Sure Start. He emphasised that socialising with other fathers and sharing experiences of where they 'went wrong' and 'where they went right' was a helpful form of support. Reiterating comments from women, value was placed on socialising and sharing experience with other parents:

*Father 1: 'she didn't want to go so I had to make the effort. I didn't think I would like it but once I started going I thoroughly enjoyed it. Got to spend a lot more time with X (child)'*

*Beth: 'So what was it that you liked about it?'*

*Father 1: 'just socialising. I knew a couple of lads that went, so having a natter with them, sharing points of views, where they're going wrong, where we are going wrong, trying to sort our lives out!'*

*Beth: 'So were you talking about any particular issues of parenting problems or ....?'*

*Father 1: 'just a bit of everything where we think we are going wrong and other people might have been down the same line and where they went right with it, trying to help us, put everything right'*

Father 1 viewed this form of support as beneficial to his parenting. He comments that socialising with other fathers has improved his own confidence:

*'That's the way I like to put it, normally I am not a sociable person, but once I started going there I got a lot more confidence talking to a lot more people, more confidence in myself and that had brought us long better for the bairns. Bairns more confident with other kids, get along and play and that, as daft as it sounds ...'*

Examples of engagement and interventions with fathers were all from Sure Start professionals, attempts by Children's Services to engage

fathers was underdeveloped. There is a feeling that the discourse of fathers being a risk compromises attempts to engage fathers. Further, the impact of the interventions and approach to working with fathers is questionable. It remains unclear how these 'fun' interventions are going to address power imbalances, abuse and failings of fathers, all of which may be underlying factors in neglect.

### **Chapter Summary**

- Through dominant subjectivities of the responsible neglectful mother, they become a governable subject. This chapter explored how 'needy' neglectful mothers unable to perform risk reduction became subject to empowerment, a technique of self-governance (Baistow, 1995) central to 1:1 work and empowerment through parenting programmes. The aim became for parents to accept responsibility for neglect through non-neglectful parenting. Mothers then, are upheld as responsible for neglect and for the effectiveness of responses.
- The majority of professionals reflected that empowering and anti-oppressive approaches were central to their interactions and relationships with service users. Having previously been constructed as 'disempowered' women became the focus of the empowerment technique. Taking responsibility involved building self-esteem, encouraging mothers' strengths and solutions. Although seemingly shunning previous expert-led and authoritarian approaches the professional continued to play a central role in empowering parents.
- It is through defining neglect that it becomes governable. Defining neglect encompassed a focus on dirt and disorder, of both the home and child, upholding the mother as responsible through the performance of gendered caring. It follows that individual work and

parenting groups focused on the home and individual characteristics of the mother in order to 'normalise' their parenting. Emphasis was placed on the mother normalising the home (making it safe, clean and ordered). Further, the majority of programmes and individual support encouraged normalising mothering: focusing on children's physical care needs, managing children's behaviour and to a lesser extent, the emotional needs of the child. Interventions were intended to encourage the performance of the good enough mother. This chapter also included examples from parents who had been able to successfully 'normalise' and reduce riskiness through performed empowerment.

- Despite assurances that parenting programmes are centred on partnership and empowerment ideals, the 'expert' professional still looms large. Groups were centred on the professional 'expert' instructing parenting advice, guidance and skills in order to improve parenting capability. These programmes emphasised a 'uniform' model of good parenting, implying that a standard of 'good' parenting can be learnt through a 'checklist' of specific parenting skills. This constitutes the 'bureaucratic' performance previously explored. This approach ignores the often, complex social, environmental and familial context in which neglectful parenting occurs. There appears to be a disconnect between the complexity of neglect and of women's lives and the intervention offered. The acquisition of parenting skills, including attachment 'learning' occur in a controlled, structured and time limited environment. This curtails an approach centred on therapeutic support and intervention.
- The performance of intervening in cases of child neglect was gendered, relating to constructs of the 'good enough' mother and gendered caring. The blaming and pathologising of neglectful



mothers operates as a neo-liberalist strategy. It becomes easier (and more economical) to view mothers as 'abnormal' than to understand the complexity of their lives and context in which parenting occurs. This construction produces empowerment approaches, including standardised parenting programmes centred around the assumption of a standard of 'good' parenting, with the aim of moralising and normalising parents. Recognising complexity would demand a need for finite psychological, therapeutic and supportive interventions – emotional support in addition to the emphasis on acquiring parenting skills and knowledge. Further, within the context of neo-liberalism intervening to address poverty and socio-economic circumstances become marginalised. An overriding emphasis on encouraging or enforcing parents to gain skills, knowledge and make personal changes omits a consideration of parent's other needs, for example, social and economic. This draws attention away from governmental responsibility through the provision of an adequate and fair welfare system. Professionals reflected on their limited attempts to address poverty through securing loans and giving advice on finance and budgeting.

- Performances of empowerment as regulatory were also revealed. Although upholding a re-dressing of power and anti-oppressive working this concealed a more dominating usage and performance of empowering approaches. Sure Start professionals indicated that their interventions with families were to some extent dictated by Children's Services. Parenting groups were able to 'prove' attendance, commitment and motivation – surveillance of parents operated laterally. Underneath the veneer of 'empowering' approaches the threat of more authoritarian approaches looms large. This chapter has highlighted the regulatory potential of parenting programmes, especially when enforced as part of a care plan, questioning the voluntary emphasis of Sure Start support. Demonstrations of empowerment or failure to perform

empowerment resulted in parents receiving more or less resources and support respectively. This was used to encourage parent compliance.

- In the context of neo-liberalism where resources to help neglectful families are becoming increasingly limited, 'monitoring' families was upheld as an intervention, specifically of the physical care needs of the child and home conditions. The performance of 'monitoring' is part of rationing strategies in a neo-liberalist context. This monitoring function, was often conducted by health professionals on behalf of social workers. More overtly coercive approaches included the incorporation into care plans of what parents had to do in order to cease social work involvement in their lives. Within this discourse parents also indicated that they experienced professionals as coercive, controlling and unsupportive. They highlighted the absence and short-term nature of support. This chapter has also examined the instances in which more authoritarian and coercive responses are deemed to be required, including the use of threats of removing children in order to enforce compliance, the state of the home as a major concern and instances where empowering and normalisation approaches had failed, specifically when mothers had failed to 'perform' to standards of 'good enough' mothering.
- Parents also made recommendations for practice, including the need for a 'drop-in' service, a re-dressing of power (the introduction of parenting groups run by parents themselves, offering mutual support), timely and early intervention and to be consulted over type of support offered. Parents also expressed the complexity of the mothering narrative. This involved the expression of enjoyment and love of being a parent as well as the experience of parenting under personal and structural stressors. This subjectivity is often not heard within a child protection context that

blames and pathologises women and in a climate that offers little opportunity for face-to-face practice through which narratives may be given voice. An understanding approach, through giving voice to these performances of alternative subjectivities rather than adhering to blaming responses would demand a need for more therapeutic and emotional support in addition to practical parenting intervention, together with a drive to address severe socio-economic circumstances.

- The performance of interventions in child neglect was highly gendered, reinforcing discourses of gendered caring. This focus on the mother had consequences for the child and father. Direct support for children was viewed as a glaring omission. This is particularly worrying given evidence that neglect has deleterious consequences on children in the short and long-term and professional reflections on the intergenerational nature of neglect. In contrast to mothers' experiences of professional involvement, father involvement, particularly attendance on parenting programmes was viewed as compulsory. Fathers were also easily excused from groups on the grounds of feeling uncomfortable. Although there were indications that father involvement was increasingly encouraged through the employment of 'fathers' workers' and the introduction of 'father's groups' this largely remained tokenistic. Fathers were not viewed as equal co-parents with mothers, sharing responsibility for children and parenting. Groups remained largely 'fun' groups and existed in stark contrast to more 'official' parenting groups which mothers were deemed to attend as part of regulatory empowerment often enforced as a part of a care plan. Emphasis within fathers' groups was not usually placed explicitly on fathers changing their parenting behaviours. The differential between interventions offered to mothers and to fathers reflect, ironically, the traditional imbalance in parenting roles – with the 'real work' of parenting falling to mothers and with the greatly reduced expectations placed on fathers. The father's

role is reduced to 'presence' at best. This is a missed opportunity on the part of professionals to assist women and to rebalance unequal gender dynamics in 'neglectful families'.

## **Chapter 11: Conclusions and Recommendations**

### **Introduction**

The conclusion returns to the research questions that were outlined in the introduction. Considering the primary research question ‘How is child neglect performed in social work practice?’ the secondary research questions are addressed in terms of implications for social work practice and policy in relation to child neglect. This encompasses defining neglect, issues surrounding responsibility, assessment and intervention. The conclusion also addresses what the chosen theory brought to the area of study.

### **Implications for policy and practice**

- ***How is child neglect defined and constructed in social work practice?***  
*and*
- ***What are the consequences of such definitions and practice constructions for deemed responsibility?***

The findings as discussed in Chapter seven have indicated a varying use of definitions by professionals. This was indicated by multiple interpretations of concepts, such as good ‘enough care’ or ‘bad enough’ care which directly affected responses offered to families. The use of vague constructs around parenting adequacy and standards of care meant that, in some cases, families were not clear about professionals’ concerns or about what was being asked of them. In such situations, professionals should be more behaviourally specific in talking to service users about what needs to change in their families, rather than the reliance on normative and generalised categories.

At the same time, little account was taken of socioeconomic circumstances, with an over-reliance on the part of professionals on official definitions such as that within *Working Together*. Whilst professionals need to work within systems and organisational framework, their understanding of neglect, and their understanding of users' experiences of neglect, should be widened. A move from a category-centric focus in which the lives of children and families are fitted to official definitions to a needs-based approach is required. This should challenge mother-blaming approaches embedded in gendered hegemonic discourses.

- ***How is responsibility for child neglect performed by professionals and by parents? What discourses are produced?***

Child neglect should be viewed as the responsibility of both men and women. Men need to be engaged with inclusively as potentially both risks and assets. The potential for men to encompass both of these facets should also be considered. The study indicated that violence against women, perpetrated by men appeared to be a common occurrence in cases of child neglect.

This suggests that existing support for women in these circumstances, including the provision of the support, for example, the Freedom Programme, needs to be sustained. Given that violence against women was positioned as contributory and/or worsening existing neglect, addressing domestic violence could become an important preventative measure. This finding has important implications therefore, for interventions provided for neglectful families within early intervention services including Sure Start, family centres and voluntary agencies. Women continue to be positioned as responsible if they fail to protect their children from violent or 'dangerous' men: 'choosing' men over their children's needs. Women are further considered responsible through their initial poor 'choice' of partners. This culture of blame indicates that

attention needs to be paid to women's subjective experiences and professional's alternative discourse, which indicate that this 'choice' is not always straightforward.

The gendered performance of child neglect encompassing the construction of 'abnormal' and responsible mothers 'justifies' specific interventions including moralisation and normalisation approaches. It follows that comprehending women and neglect through a more *understanding* rather than a blaming approach (Motz, 2008), would lead to the need for different ways of responding and intervening. Much attention has been given recently to practice being inclusive of fathers, but women too need to be included through an understanding approach which gives voice to their multiple subjectivities (as women as well as mothers) and complexities of their lives (for example, accounting for the social and environmental context in which they parent). It needs to be comprehended that women have alternative identities to that of a mother. They also need to be understood as people (Featherstone, 1999). By giving voice to and 'hearing' multiple subjectivities, professionals would be able to understand child neglect and the circumstances in which it occurs, more fully. The blaming and pathologising of neglectful mothers results in women being deemed inappropriate and unworthy of for counselling and therapeutic help.

Through an understanding approach to individual risk factors for neglect (for example, mental health problems, drug and alcohol misuse), responding to these issues through psychosocial and other therapeutic responses becomes more urgent. A more understanding approach to mothers who have experienced insecure attachments in their childhood couples with a more understanding response, for example, Motz's (2008) approach to psychoanalytical therapy described in the literature review. Through this stance, women are given space to express 'unacceptable' feelings relating to attachment and other personal experiences. This way of responding to women could also be incorporated within group work, relationship building and practice between social workers and women

who have neglected their children. A less blaming approach would also mean making the socio-economic and environmental context of neglect much more visible across all levels of social work processes (definitions, responsibility, assessment and interventions). This encompasses understanding the interaction of individual and wider contexts. Socio-economic circumstances directly impact on children and on parenting capacity. For example, children directly experience poor housing, low incomes and adverse environmental conditions. Low income adversely impacts on parental capacity, for example, through an inability to buy healthy food or other provisions that children need. This then impacts adversely on children's development. The study also indicated that environmental and socio-economic contexts could be seen as direct contributory factors to personal issues. For example, adverse environmental conditions could lead to worsening parent's mental health and their ability parent effectively. Understanding neglect in this way leads to highlighting and holding governments to account for the inadequacies and detrimental impact of current wider policy and legislation relating to children and families and social welfare. It needs to be remembered that although recognising poverty as a contributory factor for neglect, professionals felt powerless to change or address adverse socio-economic circumstances. It is questionable whether neglect can be responded to effectively in the absence of major structural and economic changes.

- ***How are professional responses and interventions in relation to child neglect constituted? How are such interventions experienced by parents deemed responsible?***

*and*

- ***What constructions and subjectivities are produced by mothers and fathers in relation to child neglect as a***



***consequence of their experiences of social work interventions?***

Clearly in some circumstances men need to be engaged with as a 'risk'. If professionals expect women to protect children from men who pose a risk, professionals need to engage with these men too. Although professionals need to recognise the possibility of men as violent or a risk, classifying 'dangerous' men as 'undeserving' (Hearn, 1998) can result in a lack of engagement and/or provision of appropriate support. This indicates that efforts should be made to engage men, for example, into existing perpetrator programmes. Although patriarchal and feminist understandings of men's violence against women are important, additional discourses assisting professionals to understand men's violence are also crucial. These understandings include 'psychoanalytic explanations' and 'reactive theories' (Hearn, 1998) which comprehend violence in terms of responses to psychological issues, stressors and economic deprivation. These conceptions echo discourses in other areas, including psycho-social understandings of mental health. Considering these existing discourses, it needs to be recognised that in addition to the need for support around mental health problems, violent behaviour, drug and alcohol misuse, men may also require therapeutic and/or practical support with historical childhood experiences of neglect and/or abuse, relationships with family and peers and their ability to cope in severe socio-economic circumstances. Through this engagement with men as risks rather than solely on mothers as responsible for neglect and protecting their children from men who pose a risk, the performance of the coupledness 'responsible neglectful mothers/dangerous men' is challenged.

Professionals recognised that their practice is driven by societal and cultural expectations of traditional gender roles. As explored, men are also absented through employment, through the performance of fathers as 'breadwinners'. Men's caregiving role and potential as an asset needs to be taken seriously. Professionals should be engaging with both

parents, drawing on the discourse of the involved father (Strega, 2008). Within the study attempts at 'father-centred' practice remained tokenistic. Support for men remained separate from that offered to women and an after-thought, captured, for example, the 'father's worker'. Men should be seen as equal in terms of caring and as parents not simply bringing them 'into the loop'. Father involvement could be encouraged through the employment of more male professionals on social work teams and within Children's Centres. Professionals could also hold meetings and other supportive groups for times when men can attend (eg. outside working hours). Building on some encouraging practice within the study, men could be consulted about approaches to individual support and the content of group programmes.

The dichotomy of mother's attendance on standardised parenting programmes as often regulatory and men's as voluntary, (excused at times from groups on the grounds of feeling uncomfortable), needs to be seriously questioned. Further, the reality that 'father's groups' tend to be attended for 'fun' in contrast to the more official parenting programmes, attended overwhelmingly by women questions how inclusive these interventions really are. Parenting programmes should be inclusive of both parents: fathers should not be viewed simply as an afterthought or as an, 'add on' but as equal partners. As recommended in the section on mothers, these groups should address both the practicalities of parenting but also relationship building and attachments. Attention should be paid to father inclusive practice within programme content, the approach of group facilitators and promoting the group. The importance of father's caregiving and attachment to their child should be implicit within programme content. For example, within the study, professionals talked about the parenting programmes, encompassing the importance and encouragement of positive interaction between the parent and child. From a father-inclusive perspective this should involve the encouragement of positive interaction between the father and child as well as the mother and child.

These changes may go some way in helping to change perceptions of agencies as women-dominated services. Further, by understanding the complexity of men's subjectivities, recognising shared recognition for caregiving (or lack of it) and risks they may pose, essentialist performances of coupledoms described in this study are challenged. For example, the binary relationship between responsible neglectful mothers and men who pose a risk is challenged when men are not absented but are engaged with in intervention strategies. To take another example, by taking seriously father's attachment relationships with their children together with their own attachment experiences, caregiving is viewed as more equal between the mother and father. Through this process parental responsibility becomes shared. As a consequence it becomes less likely that women will become pathologised. This contributes to a practice context that is less blaming of women.

The study revealed that parenting programmes are standardised, controlled, structured and time limited. To some extent this critique also applies to 1:1 work with neglectful mothers. They are also gendered, centred on the moralisation and normalisation of the neglectful mother. They offer a very narrow and individualised approach to improving parenting capacity and are built upon the universalist and essentialist ideal of the 'good enough' mother. By solely focusing on acquiring and learning parenting skills (for example, around safety in the home and boundaries) the social and familial context of parenting falls from view. Programmes that encompass a focus on neglectful parents need to recognise that current approaches, with a focus on the 'ideal' mother are devoid of a consideration of what it means to be a good mother when you are living in poverty and/or on limited incomes. They could draw upon the alternative subjectivities performed by mothers in this study, specifically the understanding that individual risk factors (for example, depression) interact with limited socio-economic context and that parenting effectively is more directly impinged through this context. Taking an example from this study, poor housing can lead to depression leading to an adverse impact on parenting capacity. Low incomes could also impact on the

parent's ability to buy toys and other provisions for children. Hence, it needs to be recognised that for mothers to be able to parent non-neglectfully it is not enough to simply acquire and learn skills: adverse socio-economic, community and environmental contexts and conditions need to be addressed.

Responding to findings that programmes and interventions are expert-led, approaches should incorporate building therapeutic, trusting and more equal relationships.

- ***What constructions and subjectivities are produced within social work assessments of neglect?***

The study indicates that professionals could benefit from training on gaining children's views and wishes, particularly around child-centred methods that are appropriate to age and developmental levels. This could incorporate thinking about both verbal and non-verbal methods. Non-verbal methods (for example, the use of toys and/or drawing) can provide children with a 'medium for thinking about, making sense of and communicating thoughts, ideas and experiences' as well as building up rapport, enacting events and clarifying verbal accounts (Jones, 2003, p.147-8). However, it is important that in using these methods professionals are aware of the danger of over-interpreting, particularly children's drawing (Holland, 2011). The structure of the *Assessment Framework* does encourage social workers to gain the views of children, however in this study, case files offered little evidence of meaningful consultation with children about critical aspects of their lives. Although there is a small section in the *Assessment Framework* to include children's views it could be tailored to include prompts which would ask whether a child's concerns, worries, views and wishes had been communicated (for example, those provided by Dalzel and Sawyer, 2007). These prompts could indicate whether communication methods had been employed, that are sensitive to the child's development, including attention to language, the way questions are posed and non-

verbal approaches including the use of toys and drawing (Jones, 2003). It is important that professionals consider children's views and opinions in relation to different dimensions of the child's identity in an ecological context. This could include considering the following questions when reflecting on cases, in particular assessing child neglect:

- Have child-centred questions and methods been employed relevant to the child's age and development (verbal and non-verbal)?
- What are the child's likes, dislikes, worries, hobbies and wishes?
- What does the child think about their situation? What do they consider is problematic about their care in relation to thinking about both physical and emotional aspects of neglect? How long do they think that any identified problems been going on for? What kind of effect is this having on them?
- How do they describe their relationship with their mother and father and/or significant others (including siblings, peers and other adults who play a role in their lives, for example teachers)?
- Are these relationships viewed as positive and/or negative or supportive? How do these descriptions compare to professional observations of attachment relationships?
- How do these descriptions also compare to those of other family members, significant others and professionals involved with the child?
- Has the attachment relationship between the child and significant others been observed? Has the attachment 'type' been identified (for example, insecure attachment type)? How does this compare to other professionals' assessments of attachment?
- Has the child been observed within other social and environmental contexts (for example, school, nursery, after-school club)?
- What changes would the child like to see happen (in their care, at home and other social environmental contexts)? What do they think would help (in terms of support for them and their parent(s)) in making these changes? How would the child imagine/describe

themselves if this help is provided? How would this help and support impact on them?

These questions would be framed in child-centred ways, for example through the use of drawings and the framing of questions that are relevant to the child's level of understanding. Although developmental understandings are crucial in identifying neglect, an ecological understanding, as proposed by Aldgate (2006) would encourage 'seeing' children as individuals within a variety of social and environmental contexts. Reiterating Holland's (2011) recommendations, it is important that in addition to observing the mother-child relationship, children are observed in different contexts (for example at school, nursery etc), with significant others (for example, fathers, siblings and peers) and at different time of day, allowing for a more holistic view of the child. Drawing on Children's Rights discourses this approach also views children as 'social actors' (Thomas and O'Kane, 2000) participating in influencing their own development (Aldgate, 2006) as well as identifying ecological factors, which could contribute positively to their development. Professionals play a crucial role as mediators of these rights. As Nijnatten, (2010, p.7) suggests 'agency is analysed as a capacity that is developed in a dialogical context'. By creating a more dialogical exchange with children in which their views are heard and their identity presented more holistically, professionals can act as an 'intermediary' (Nijnatten, 2010) for their agency.

A reframing of dominant discourses of childhood to account for children's agency would allow children to be seen 'in a variety of social contexts and as social actors who negotiate their place in different social contexts' (Thomas and O'Kane, 2000, change sentence). Moss (2000, p.251) argues for a change in focus from the 'poor' child in need to a focus on 'rights, potential and competence' including the production of 'children with special rights'. Incorporating a rights perspective into current constructions of neglect would allow for an understanding of children as active social individuals and their experience of neglect through social

and cultural contexts. A rights perspective would indicate that not only a need was absent but that children have a right to these needs being met. By viewing neglect in this way, children's rights to their needs being met at socio-economic and structural levels becomes more urgent. It also holds to account institutions and governments that fail to meet children's rights (for example, to be free from poverty) through inadequate social welfare policies and infrastructure. Framing child neglect in this way would produce a need for interventions and responses, which incorporate a children's rights framework.

Findings indicate that threshold levels for intervening in cases of neglect should be lowered so that families can receive timely and preventative help and support that they require. Given current cuts to Sure Start and other preventative and early intervention initiatives, the realisation of this aim does not look promising. High thresholds also mean that problems that neglectful families are experiencing continue or worsen before social care services become involved, resulting in a reactionary response. This implies that in some cases, timely assessments, embedded within thinking around early intervention are difficult for professionals to achieve. Further, the finding that the use of the *CAF* was increasingly used to 'efficiently' target those families considered to be the most 'needy' or at risk in the context of cuts to resources, both of staff and interventions has worrying ramifications in terms of neglect. As a result of staff shortages it would concur that less *CAFs* will be carried out and as a consequence it is likely that more families experiencing neglect will be missed. Further, the finding that early intervention services are increasingly targeted to those considered most at risk indicates that preventing neglect is becoming more difficult to achieve. As a result families at risk of neglect are more likely to deteriorate and reach a crisis situation, culminating in reactionary responses from social care rather than preventative action. Responding to findings that neglect cases could follow processes of de-registration and further registration, support in some cases clearly needs to be more long-term. The suggestion that perceptions of acceptable levels of care before services are provided between professionals and

professional groups, indicates that multi-agency training around neglect is needed. It needs to be recognised that ecological and analytical assessments, vital for quality assessing in child neglect are curtailed by limited timescales, high caseloads and an abundance of paperwork. More resources (in terms of both professionals and services) would help to reduce caseloads and paperwork, providing professionals with more space and time to conduct and build therapeutic relationships and an understanding approach with families. This is particularly significant given that the parents in this study felt blamed and judged partly as a result of the bureaucratic performance of assessment.

The 'bureaucratic' completion of the assessment, in which the form itself can structure and lead the assessment, needs to be addressed. Improved training and supervision is required on how to use the assessment and engage on analytical thinking whilst also addressing the managerialist and bureaucratic constraints identified. As suggested, this would allow professionals to have more time to engage face-to-face with families and it would be less likely that assessments would be standardised, generalised, with profession also 'fitting' identities to boxes rather than reflecting the realities of lives and subjectivities. This bureaucratisation is also seen within the 'bureaucratized' performance of the standardised and checklist approach of parenting interventions previously discussed. 'Monitoring' as an intervention, which can be seen to be the result of limited resources (in terms of time, staff and services) needs to be seriously questioned. It often occurs in the absence of any real or effective intervention. It is questionable how families are supported through monitoring alone, which can also develop into coercive, controlling and unsupportive approaches to interventions, through dictating what parents 'have' to do.

These conclusions largely support Munro's recommendations (2011), which seek to bring about a paradigm shift in child protection policy and practice (Parton, 2012). As discovered in this study, Munro highlights that bureaucratic demands have reduced professional capacity to carry out



direct work with children and families. The *Munro Review* recommends moving away from a 'system that has become over-bureaucratized and focused on compliance to one that values and develops professional expertise and is focused on the safety and welfare of children and young people' (Munro, 2011, p.6). Munro (2011, p.6) also highlights that standardised services do not 'provide the required range of responses to the variety of need'. Concurring with this study, Munro (2011, p.6) highlights the emphasis placed on procedures and recording with insufficient attention given to 'developing and supporting the expertise to work effectively with children, young people and families'. In relation, the review recommends that there should be a reduction in 'central prescription' to help make a shift from compliance to a learning culture. This includes a revision of *Working Together* and incorporates the removal of prescribed assessment timescales. The Review also recommended that local areas should be given responsibility to draw on research and theoretical models to inform local practice, with the removal of constraints to local judgement by prescribed approaches, for example, IT systems (Munro, 2011). Further, that there should be a duty on local authorities and statutory partners to secure local early help for children and families. This emphasis on localism is encompassed within the recommendation that each local authority should designate a Principal Child and Family Social Worker at senior management level in order to report views and experiences of front-line staff to management (Parton, 2012).

Given the concurrence of conclusions with Munro's recommendations it is important to consider the latter in terms of the current political, social and cultural context. Parton (2012, p.153) argues that the 'government appeared supportive of the Review and saw it as consistent with its overall reform of public services' which includes, as Parton further elaborates, decentralising power and reducing the role of the state and reliance on top-down services. This has worrying ramifications particularly as it is 'evident that a range of services directly relevant to the Munro Review are being cut' (Parton, 2012, p.157) including those providing

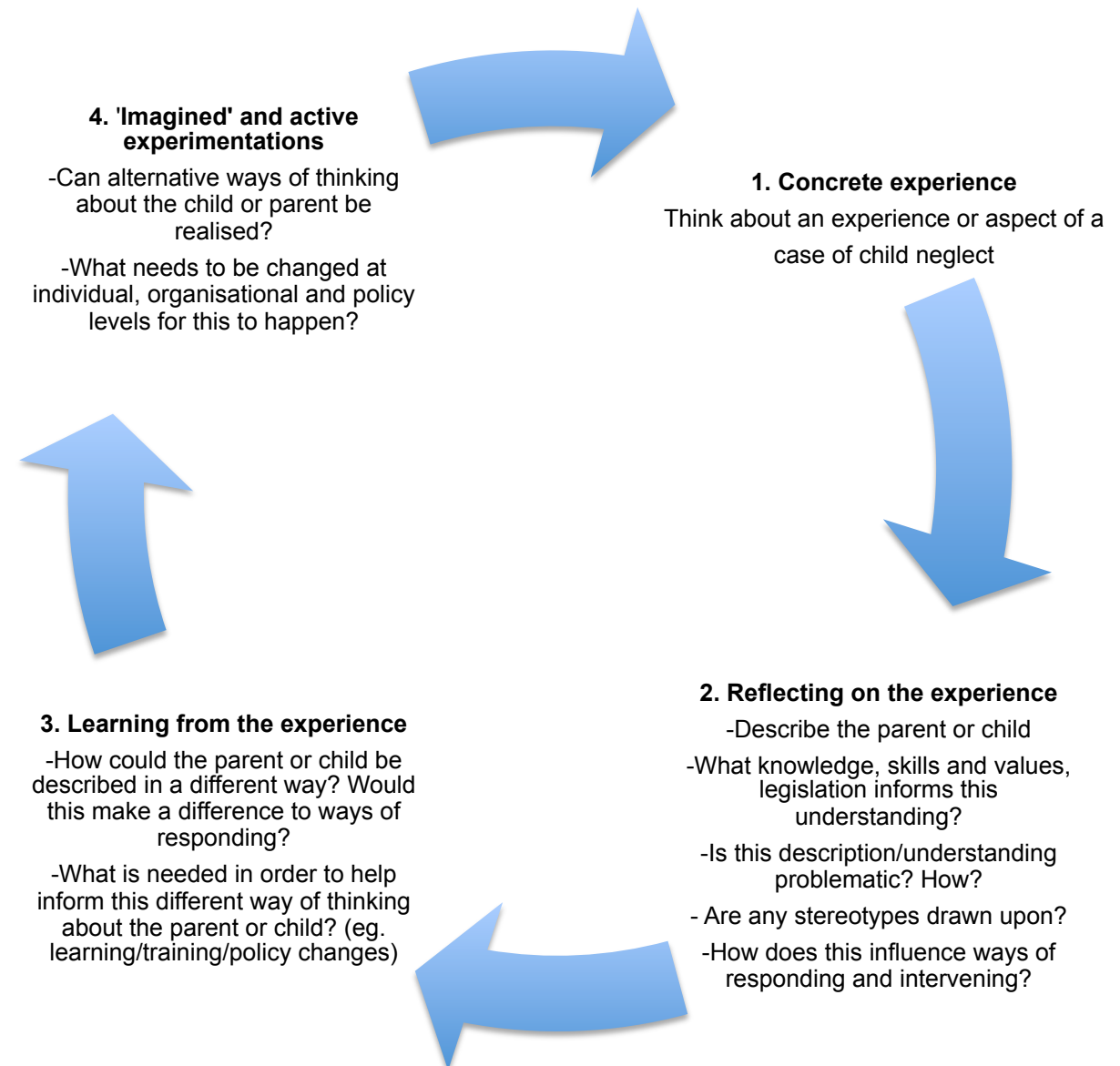
early intervention. Hence, this context becomes a 'major challenge for the success of the Review which has emphasised the importance of early help' (Parton, 2012, p.158).

Although these changes can be recommended it needs to be recognised that the dominance of essentialist and coupledom categories of men and women, individualised and gendered performances of neglect and 'good enough' mothering upholds neo-liberalist governance. As explored these constructs and performances are used to 'justify' specific ways of responding that conceal limited and scarce resources and detrimental socio-economic conditions. The two are mutually reinforcing. It would be difficult to challenge these constructions fully and effectively in practice without significant changes to the organisational and policy context that would encompass the provision of much needed resources and more equal social and welfare policy towards families.

- ***What are the implications of such performances, discourses and constructs for improving social work practice in relation to child neglect?***

The implications of the performances, constructs and discourses for improving social work practice in relation to child neglect have already been considered to some extent. However, more specifically, in relation to practice recommendations, reflexive practice could incorporate a 'performance' approach. This is described below.

**Figure 2:** Incorporating a 'performance' approach to Kolb's Learning Cycle



## **1. Concrete experience**

- *Think about an experience or aspect of a case of child neglect* – this could be in relation to any aspect of the social work 'process', encompassing defining neglect, thinking about responsibility for neglect, assessment and interventions. Professionals could then

be asked to think about the child and/or parent in relation to this case.

## **2. Reflecting on the experience**

- *Describe the parent or child* - professionals would be asked to describe the parent/or child in relation to the case. For example, drawing on the constructions within this study this might encompass a physical description of the child, their attachment relationship to their mother, developmental delays and problematic behaviour. Attention would also be paid to the words and language used in this description.
- *What knowledge, skills and values, legislation informs this understanding?* This might encompass attachment theory, knowledge of child developmental norms, observational skills and legal definitions of neglect.
- *Is this description/understanding problematic? How?* The child is described in individualistic terms with an omission of consideration of the social and environmental context of their lives. The description of the child's attachment might be solely in relation to the mother. Focus might be placed on some developmental needs (eg. physical needs) with an absence of consideration of emotional development. The views and wishes of the child may also be underdeveloped.
- *Are any stereotypes drawn upon?* This could encompass thinking about stereotypes of the 'neglected' child or 'child in need'. The gendered context of caring might be also be drawn upon.
- *How does this influence ways of responding and intervening?* Focus might be placed on the mother. The child might not be asked which interventions/responses would be helpful for them (if they are old enough to express this). An overwhelming deficit focus may not consider ways of strengthening resilience.

### **3. Learning from the experience**

- *How could the parent or child be described in a different way? Would this make a difference to ways of responding?* The child's wishes and views could be gained through child-centred communication. There could be more emphasis on understandings of emotional neglect and the child's relationship with significant others (including fathers, siblings, wider family members and peers). The description could be less 'standardised' with a move towards understanding the child in their social and environmental contexts.
- *What is needed in order to help inform this different way of thinking about the parent or child? (eg. learning/training/policy changes)* This could incorporate the need for training around communicating with the child (including verbal and non-verbal methods appropriate to the child's age and development) as well as observing and identifying attachment relationships.

### **4. 'Imagined' and active experimentations**

- *Can alternative ways of thinking about the child or parent be realised?* Professionals might reflect that in the context of high caseloads, limited timescales and scarce resources it becomes difficult for these changes to occur. They might also indicate that legal discourse constrains them into thinking about certain aspects of the child's developmental needs in terms of delay. Some changes might be more easily incorporated into practice, for example, the use of child-centred communication methods.
- *What needs to be changed at individual, organisational and policy levels for this to happen?* This might encompass a need for fewer caseloads and less restrictive timescales in order to conduct face-to-face work with children, including an understanding of their identities within social and environmental contexts. They might also suggest that dominant ways of understanding and responding to child neglect remains 'gendered' making it difficult for their

practice to be inclusive of both parents (for example, comprehending the attachment relationship between the child and their father). This could lead into more specific practice and policy recommendations.

***Feminist post-structuralism and Foucauldian thought: implications for child neglect as an area of study***

Theoretically the study developed existing studies on the gendered nature of child neglect, in terms of definitions, the issue of responsibility and professional responses. The combined approach, which incorporated feminist post-structuralist, performativity and Foucauldian theory provides a new theoretical framework in the area of child neglect. The study has considered specific techniques including normalisation, surveillance and examination in the context of the Neo-liberalist strategy of 'risk management'. The use of subjectivities and constructions uncovered the dominant, unstated and unquestioned subjectivities which underpin practice norms in cases of neglect. Likewise, through this theoretical approach, hegemonic discourses which are drawn upon and reproduced in these constructions were identified. Through this approach it was revealed how dominant ways of defining neglect and of thinking about service user identities 'justified' particular ways of responding to neglect. Uncovering how social work practice operates in cases of child neglect challenges practice: the dominant constructions and 'acceptable', often unquestioned practices.

The approach also challenges by giving voice to professional and parents' alternative, often-marginalised ways of thinking about social work practice and child neglect. If these subjugated ways of knowing are then used to challenge practice and inform conclusions and practice recommendations, transformation and agency becomes possible. This theoretical approach might help to forward the research area specifically informing future research on neglect, for example, research that might incorporate children's views or those of other professional groups.

### **Constraints experienced, limitations of the study and recommendations for future research**

This study has investigated how child neglect is performed in social work practice by professionals, in case file data and by parents. Applying performativity, feminist post-structuralism and a Foucauldian framework it has developed a relatively new body of research in social work. Through this analytical approach it has demonstrated significant areas for policy and practice.

One of the main constraints I experienced was the difficulty in accessing parents. Volunteering within agencies earlier on in the data collection stage may have resulted in accessing parents sooner and more easily. I was also reliant on gatekeeping and as a consequence the timescale for the data collection was rescheduled according to agency priorities and external constraints including mandatory inspections. It was also complex and emotive for potential parents to be identified as neglectful or in receipt of services due to concerns about neglect: the research was 'sensitive'. Extreme care was required then when approaching the topic of the research and building trust with parents. The study also had to be conducted within the time constraints of the PhD. At times the data collection progress was hindered by professional perceptions, particularly in relation to parent involvement and perceived perceptions of vulnerability. Rather than relying on key professionals or gatekeepers I could have attended team meetings to explain the study face-to-face.

The study is further limited by: small sample sizes, the number of agencies involved and the inability to generalise the findings to wider practice. I only managed to interview one man in this study. Future research could explore and develop this study by involving a broader group of parents (including men and women) from a variety of different services and agencies. It was also beyond the scope of this study to directly involve children who have been neglected. It is recognised that

children have narratives and experiences of the professional system. This study has criticised practice for failing to see and hear children. The same critique could be applied to my research. Future research could apply the same analytic framework, develop and compare findings against a broader group of parents. Children could be given voice in future research and included in the same way that I have attempted to do with the mothers in this study. Aspects of the method used in this study, specifically around performances, discourses and constructions could be applied to research within other areas of social work in order to identify practice and policy gaps and recommendations.



## **Appendices**

### **Appendix One: Interview Schedules**

#### **Interview schedule: social workers**

##### **Preamble and introduction**

- Thank participants for agreeing to participate in the project.
- Briefly outline the main aims of the project, including research question and breadth of the study.
- Ensure consent form and reply slip has been signed and reiterate conditions of confidentiality.

Thank you for agreeing to be interviewed, I know you are very busy etc. I wonder if you could begin by completing a short table which will help me to contextualise the interview:

<i>Age/gender/ethnicity</i>	
<i>Qualification(s)</i>	
<i>Year qualified as a social worker</i>	
<i>Length of time you have worked within children's services</i>	

**1. Could you tell me about your experiences of working with families in cases of child neglect? You can talk to me about a specific case or more generally.**

***Related:*** Can you think of a particular case which you could talk about?

**2. Would you be able to talk to me about your understanding of definitions of child neglect? Could you talk to me about a particular case in which child neglect was difficult to define?**

***Prompt:*** emotional neglect, physical neglect, absence of basic parenting tasks and responsibilities

**3. Could you explain whether you think the definitions are clear?**

***Prompt:*** for example, what does and what does not constitute neglect

**4. How do you assess neglect? What criteria do you use? How is this assessment recorded? How do you talk to service users about your assessment?**

**5. What are your feelings about the 'Framework for the assessment of children in need and their families'? How helpful are the supporting tools (eg. Questionnaire and scale: strengths and difficulties, home conditions assessment etc)? What changes (if any) would you make to the *assessment framework*?**

**Prompt:** thinking about a particular case can you think of an occasion when you found the *assessment framework* helpful? Similarly, an occasion when you found the *assessment framework* constraining?

**6. How do professionals work across professional boundaries? Do you find there are differences and/or similarities in terms of interpreting?**

**What are the implications in terms of agreed plans for the family and child(ren) following the assessment process?**

**7. Which aspects of child neglect do you consider easier/more difficult to access and assess? Which aspects or types of neglect is usually the focus of social work involvement? Could you provide examples?**

**Prompt:** poor nurturing, emotional impact of adverse parental behaviour, physical neglect.

**8. Why do you think this is the case?**

**Prompt:** links to policy – ‘significant harm’ principle, incident-driven, emotional impact of parenting behaviour not as easy to observe, physical neglect easier to observe, limited contact with families

**9. What do you think has informed your understanding of definitions of child neglect?**

**Prompt:** Policy and legislation, for example, *Working Together’s* statement, social work theories (attachment).

**10. Could you talk to me about factors which you think help to explain why a family might find themselves in a neglectful situation? What do you think are the most prominent factors and why?**

**Prompt:** parent’s attachment histories, poverty, domestic violence, drug and alcohol misuse.

**11. What do you think has informed your understanding of these factors that you apply in practice?**

**Prompt:** academic discourse around mothering, poverty etc, training.

**12. Could you explain to me what knowledge, theories and values you adopt when working with families in cases of child neglect?**

**Related questions:** which do you find easy/more difficult to apply? Why do you think this is?

**13. How would you rate your knowledge base in relation to child neglect given the expectations of your role? How far is your practice influenced by the evidence base around child neglect?**

**Has your qualification and any training prepared you for the complexity?**

**14. How do you make decisions in cases of child neglect?**

**Prompt:** knowledge, EBP, practice knowledge and experience

**15. Who would you normally engage with, in terms of family members, in cases of child neglect? Why do you think this is the case?**

**Prompt:** mothers, fathers. Caring considered mother's role, bonding and attachment theories, personality characteristics (ie. of the mother), large number of lone mothers, fear of and absence of fathers, lack of training, absence of a practice framework re. fathers.

**16. Could you talk to me about the challenges you face when working with a family where child neglect concerns have been raised**

**Related question:** are there any changes that you would like to see to social work practice and/or at policy and legislative levels?

**17. Would you be able to talk to me about intervention strategies which might be adopted in cases of child neglect? How effective do you think interventions are?**

**Prompt:** parenting programmes, Sure Start, one to one work with parents.

**18. Again, could I ask where you think ideas surrounding preferred intervention strategies come from?**

**Prompt:** policy and legislative decisions, media focus, awareness of social-economic issues, academic research, psychoanalytical theories, re-parenting (ie. the mother)

**19. Is there anything else you would like to talk about or ask me?**

## **Interview schedule: Sure Start professionals**

### **Preamble and introduction**

- Thank participants for agreeing to participate in the project.
- Briefly outline the main aims of the project, including research question and breadth of the study.
- Ensure consent form and reply slip has been signed and reiterate conditions of confidentiality.

Thank you for agreeing to be interviewed, I know you are very busy etc. I wonder if you could begin by completing a short table which will help me to contextualise the interview:

<i>Age/gender/ethnicity</i>	
<i>Qualification(s)</i>	
<i>Year qualified</i>	
<i>Length of time you have worked within children's services</i>	

**1. Could you tell me about your experiences of working with families in cases of child neglect? You can talk to me about a specific case or more generally.**

***Related:*** Can you think of a particular case which you could talk about?

**2. Would you be able to talk to me about your understanding of definitions of child neglect? Could you talk to me about a particular case in which child neglect was difficult to define?**

***Prompt:*** emotional neglect, physical neglect, absence of basic parenting tasks and responsibilities

**3. Could you explain whether you think the definitions are clear?**

***Prompt:*** for example, what does and what does not constitute neglect

**4. Could you talk to me about how neglectful parents access or are facilitated to access services? How are parents introduced to the service? Thinking about when you have worked with families in cases of child neglect, what has been your experience of this process?**

***Prompt:*** outreach/home visits, centre based work, targeting specific groups, recommendation by social services, attendance at child protection conferences, building trust, offer choice, proactive, open-access policy, resistance

**5. Do you carry out any assessments of families? If so, how do you assess neglect? What criteria do you use? How is this assessment recorded? How do you talk to service users about your assessment?**

**6. What are your feelings about the 'Framework for the assessment of children in need and their families'? How helpful are the supporting**

**tools (eg. Questionnaire and scale: strengths and difficulties, home conditions assessment etc)? What changes (if any) would you make to the *assessment framework*?**

**Prompt:** if a family are involved with social services do you receive a copy of/are you involved with the assessment? thinking about a particular case can you think of an occasion when you found the *assessment framework* helpful? Similarly, an occasion when you found the *assessment framework* constraining?

**7. How do professionals work across professional boundaries? Do you find there are differences and/or similarities in terms of interpreting?**

**What are the implications in terms of agreed plans for the family and child(ren) following the assessment process?**

**Prompt:** day care, play workers, social workers, health professionals, family support workers and specialist workers, 'multi-agency'.

**8. Which aspects of child neglect do you consider easier/more difficult to access and assess? Which aspects or types of neglect is usually the focus of social work involvement? Could you provide examples?**

**Prompt:** poor nurturing, emotional impact of adverse parental behaviour, physical neglect.

**9. Why do you think this is the case?**

**Prompt:** links to policy – 'significant harm' principle, incident-driven, emotional impact of parenting behaviour not as easy to observe, physical neglect easier to observe, limited contact with families

**10. What do you think has informed your understanding of definitions of child neglect?**

**Prompt:** Policy and legislation, for example, Working Together's statement, social work theories (attachment).

**11. Could you talk to me about factors which you think help to explain why a family might find themselves in a neglectful situation? What do you think are the most prominent factors and why?**

**Prompt:** parent's attachment histories, poverty, domestic violence, drug and alcohol misuse, ecological - social/economic.

**12. What do you think has informed your understanding of these factors that you apply in practice?**

**Prompt:** academic discourse around mothering, poverty etc, training, Sure Start ethos.

**13. Could you explain to me what knowledge, theories and values you adopt when working with families in cases of child neglect?**

**Related questions:** which do you find easy/more difficult to apply? Why do you think this is?

**Prompt:** openness, listening, respectful, non-judgmental.

**14. How would you rate your knowledge base in relation to child neglect given the expectations of your role? How far is your practice influenced by the evidence base around child neglect? Has your qualification and any training prepared you for the complexity?**

**15. How do you make decisions in cases of child neglect?**

**Prompt:** knowledge, EBP, practice knowledge and experience

**16. Who would you normally engage with, in terms of family members, in cases of child neglect? Why do you think this is the case?**

**Prompt:** mothers, fathers. Caring considered mother's role, bonding and attachment theories, personality characteristics (ie. of the mother), large number of lone mothers, fear of and absence of fathers, lack of training, absence of a practice framework re. fathers.

**17. Could you talk to me about the challenges you face when working with a family where child neglect concerns have been raised**

**Related question:** are there any changes that you would like to see to social work practice and/or at policy and legislative levels?

**18. Would you be able to talk to me about intervention strategies which might be adopted in cases of child neglect? How effective do you think interventions are?**

**Prompt:** 1:1 work, group work, outreach/home visiting, learning parenting skills, play and child care, primary and community health, supporting families and parents, advice on child health and development, signposting to other services. Toddlers, baby social, play and learn, time 2 talk etc. Effectiveness: building relationships, reducing isolation, confidence building, children's cognitive, social, education, health. Parents: health, skills, social, economic.

**19. Again, could I ask where you think ideas surrounding preferred intervention strategies come from?**

**Prompt:** policy and legislative decisions, media focus, awareness of social-economic issues, academic research, psychoanalytical theories, re-parenting (ie. the mother), Sure Start ethos: universal services, proactive, preventative, ecological (child, family, community), open-access.

**20. Is there anything else you would like to talk about or ask me?**

## **Interview schedule: service users**

### **Preamble and introduction**

- Thank participants for agreeing to participate in the project.
- Briefly outline the main aims of the project, including research questions and breadth of the study.
- Ensure consent form and reply slip has been signed and reiterate conditions of confidentiality.
- Reiterate that I understand that sometimes it might be painful for parents to talk about their experiences and feelings and that they can stop the interview at any point.

**1. Thank you for agreeing to be interviewed. I wonder if you could begin by talking to me about your experiences of social work involvement?**

***Related questions:*** When were they first involved with your family?  
Can you tell me about what happened?

**2. How did the social worker explain to you why they were involved with your family?**

**3. Can you remember the main issues that were focused on? Which issues were addressed/not addressed?**

**4. What kind of issues were you experiencing during this time?**

**5. Could you talk to me about your experiences of being a mother (or father)?**

***Related question:*** Could you describe a typical day for you? What do find difficult/enjoy about being a parent?

**6. Where do you think your ideas about parenting have come from? What or who has influenced the way you parent?**

**7. Sometimes professionals get involved with a family because they or someone else is worried about the care they are offering to their child/ren. This is sometimes called child neglect. How do you think professionals should decide when to get involved?**

**8. What effect did social work involvement have on you? This might be the effect on you as a parent, how it made you feel as a mother (or father).**

***Related question:*** Do you think it was/is fair that these issues have been raised?

**9. Can you talk to me about whether the social worker engaged with your partner (ex-partner)? Why do you think this happened/did not happen?**

**10. Could you tell me about any help or support you were given or offered by your social worker? What about support you received from other professionals, friends and family?**

***Related question:*** What or who has helped you manage? Who has been the most helpful during this time? Why do think this was?

***Prompt:*** parental work, individual work, Sure Start, charities, family centre, Women's Aid, health visitor.

**11. Can you talk to me about any changes which have happened in your family since social services have been involved?**

**12. Thinking about your experience, what do you think is needed to help other families in similar situations? What do you needs changing?**

**13. Is there anything else you would like to talk about or ask me?**



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